Guy's Hospital Gazette

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Centenary Edition
1872 — 1972

Guy's Hospital Gazette

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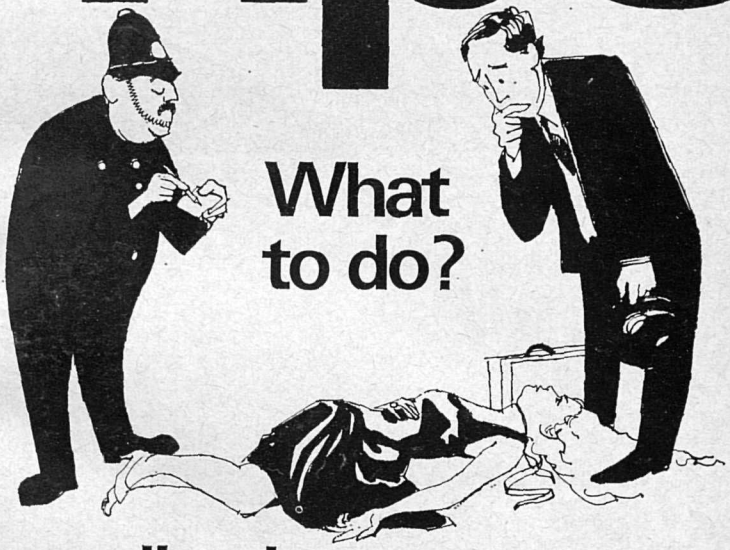

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Full Circle Yet Again

"There can be little doubt that there has been a great want of some medium of communication between one class of Guy's men and another. Guy's Hospital is a large place, and it is quite impossible for any student to expect to be cognisant of all that takes place within its walls." This was the stated aim of the first edition of the *Gazette*, published in 1872 by T. Cattel-Jones and we still find, today, 100 years later, that our aims and functions have changed little.

Our success is at best only moderate, Guy's is an even larger place than in 1872 and our readers are, in the colonial sense, far flung, but a measure of our success can be claimed in that the *Gazette* is the oldest hospital journal of its kind in the world, certainly the most thriving journal in this country with a probable readership exceeding ten thousand. The continued existence of the *Gazette* would suggest that some degree of liaison is being achieved between the large numbers of subscribers (mostly Guy's men who have left the Hospital) the Staff and the Students. This task is not easy and periodically one of the different groups will issue complaints of "boring", "revolutionary", "inane", or some other less polite remark. Equally difficult as the general policy planning is the day-to-day running of the *Gazette*, indeed done as efficiently as it should be it merits a full-time occupation. However, there can be few other jobs at Guy's which gives such reward and scope for one's ambition and idiosyncrasies.

On this anniversary we were faced with the major dilemma of how to celebrate the centenary. It would have been appropriate and easy to publish long and factual histories of the *Gazette* and medicine in general, but these are all well documented elsewhere, and the vast changes in Preventive Medicine, Public Health, Pharmacology, Dental Care, Aseptic technique, etc., etc., really preclude adequate coverage in a journal of this size. Thus what we have endeavoured to do (and again with only some success) is to catch a glimpse of the men and the spirit behind the *Gazette* and through this the Hospital. When a student comes to Guy's he is justifiably proud of being there and greatly overawed; disillusionment soon sets in as the student naturally becomes more cynical of the "system" and of the establishment. However, the circle is soon full turned and albeit more gradually he soon realises that it is not the quality of the buildings nor the amount of money spent on equipment that is of prime importance but the intrinsic bond built up between Guy's men throughout the world. It is my ambition that the *Gazette* should maintain this bond and wherever possible strengthen it.

I hope that this Centenary Edition will be judged to fulfil part of these ambitions and that our readers will continued to enjoy the *Gazette*, and the changes soon to be made, well into its second centenary.

T. B. BARNES

Sir Keith Joseph

Secretary of State for Health and Social Services.

A. E. ORCHARD-LISLE,
Vice-Chairman,
Guy's Hospital Board of Governors

In a report prepared four years ago and discussing instruction in general practice at medical schools in Britain, the author, Dr. C. M. Harris, stated it was fitting to close with a vision of a time "when every medical school has its division of 'medicine in the community', rooted in the academic university through its teaching, and rooted in its environment through its clinical services".

This thinking is emphasised by the fact that nearly half of all medical graduates will eventually enter the general medical services, and though all will have had practical experience in hospital through the pre-registration year, many will not have had comparable opportunities to learn, at first hand, of the specialised demands of whole person medicine.

Undoubtedly this points the way towards a real need for special preparation for general practice, over and above normal clinical training, and my Department has already opened discussions with the medical profession to explore the organisation of vocational training in this speciality. I have, therefore, watched with considerable interest the emphasis that Guy's Hospital has placed on the introduction to, and contact with, general practice early in the clinical course. This is far from universal.

It is true to say there is a general trend within the broad fabric of medical education to strengthen the links with general practice, and in this respect Guy's Hospital, with its Department of General Practice, and, additionally, its association with the health centres at Thamesmead, has played an important part in this development; and will, I am sure, continue to do so in the future.

One of the most encouraging features, to me, has been the very clear signs of increasing enthusiasm among undergraduates for general practice.

The structure of the speciality is a changing one. A prime example of this is the growing use of health centres—a total of 274 had been opened by the end of 1971 and are today used by 1,500 family doctors, representing more than 7 per cent of the total number of doctors in the general practitioner sector; well over a further 300 centres are being built, are approved for building or are in the course of being planned. The number of group practices in being is even larger, and is, increasing, as is practice of the philosophy of teamwork between the GP, home nurses, health visitors and midwives in primary medical care.

With the re-organisation of the National Health Service, and the run-up to the change, the rôle of the general practitioner within the community broadens even further with his involvement in the administration, planning and practical application of services to meet the needs of communities within health regions.

The rôle of the family doctor within the community has always been an important one, and in the future it will be of even greater depth—an exciting prospect, indeed, for the present generation of medical undergraduates who will strengthen the ranks of their chosen profession in the coming years.

Introduction

It is a great pleasure for me, as Vice-Chairman of the Board of Governors, to have this opportunity of congratulating the *Gazette* on the occasion of its Centenary Edition. I, and many of my colleagues on the Board, always read the *Gazette* with interest as a useful means of adding to our knowledge of the many different aspects of the work of the hospital, and as a reminder of the varied work of Guy's men and women in many parts of the world.

Today with the structure of the Tower complete and the fitting out of the building proceeding apace, it is perhaps hard for many of those who have come to Guy's in recent years to realise that less than twenty years ago Guy's rebuilding site was only a site with many buildings on it which had to be cleared before construction could begin. At that time patients were still being treated in Guy's House, the original building of Mr. Guy's Hospital.

In the intervening years New Guy's House was built and opened in 1961; this new building was the first stage of a plan to replace all the clinical facilities in one linked building complex. The opening of this building enabled Hunt's House to be partially closed whilst the main staircase, which had been destroyed in the war and replaced by a temporary one, was rebuilt. Once this had been completed, it was possible at last to take the patients out of Guy's House and begin the virtual reconstruction of that building including a completely new East Wing. It was particularly pleasant to be able to secure a new lease of life for this ancient building.

Even before this work was finished attention was turned to the planning of the Tower in order to maintain progress towards the ultimate goal of giving everyone at Guy's—patients, staff and students—suitable accommodation. At the present time planning of the next stage to follow the Tower has already begun.

In these projects, the Hospital's Endowment Fund has made a very substantial contribution supplementing the grants made from public funds. As Chairman of the Investments Advisory Committee and the Real Property Advisory Committee, it has been possible to make some contribution to the management and growth of the Endowment Fund, whilst Chairing the various committees set out to oversee the various building schemes has provided an insight into the many problems which such schemes encounter. Their completion is a source of great satisfaction to the Governors and I hope that this is shared by their users.

A major change in the organisation of the Health Service is planned in 1974. I hope that I may continue to be associated with the hospital but whatever the outcome of the management reorganisation I am sure that this hospital and its buildings and its amenities will remain in the forefront of medicine; I will continue to watch its progress and that of the *Gazette* with the greatest interest.

Passim, 1936

Dr. Adrian Hill

Editor 1936-1937

It was all rather ominous then and the whole country went into mourning on the day I qualified. Three kings sat on the throne in the two years I was associated with the *Gazette*, including the President of the Hospital, and his father had just died. Momentous times they seemed, with eighty pounds a year to put us beyond any reach of bribery.

Europe froze solid during the early months of 1936, muting for a while the rising tide of aggression, but during a brief visit to Poland (by sea direct from Tower Bridge) air raid shelters were seen for the first time.

Hitler was ranting again all the summer, exposing, with Mussolini, the impotence of the League of Nations, and converting the Berlin Olympic Games into a gigantic Nazi festival. Civil war broke out in Spain.

At home, with a wave of Republican fervour replacing pacifism and peace ballots, the mood of the country seemed to stiffen, despite enormous political inertia and the era of appeasement yet to be endured. Public opinion, then as now, appeared entirely at variance with official utterance and yet just as strangely unwilling, as it was unable, to impose its influence.

Mr. Baldwin went on being Prime Minister and the Foreign Office enriched a reputation for naive absurdity, but of course at Guy's we forgot about all this for most of the time and editors, like mice, scuttled underfoot in the Park, looking for something printable.

The late Mr. T. Bramley Layton—that stentor of the throat world—with whom it was ever a pleasure to tilt, chided occasionally our superficial and irreverent views, but must be mentioned as being undoubtedly the most reliable, if sometimes overwhelmingly prolific, source of copy.

Miss Sidney, the business manager, was another pillar of our existence, bullying us as to deadlines and dates and assessing our dilatoriness with the same practised art with which (with honeyed blackmail)—she extracted the revenue from advertisers. A redoubtable woman, without whom nothing would have been achieved, and the vitality of the *Gazette* as an organism today must owe her much.

The pre-war paper, like the congregation, was much larger and three pages of Passim often went for ninepence and there were other gaps to fill.

Late summer usually saw the trickle of contribution cease, with defaulters fled to Frinton and, in the silly season of 1936, when hope for the new reign was still held high at home, we turned our backs alike on rumblings abroad and niggardly contributors and wandered far from the Colonnade in search of copy.

The Moseley riots, so called, made for an intriguing Sunday (and a column or so) in the East end, though this poor man's Hitler, and some little skirmishing his detractors had with the police, seemed to

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have less impact on society than the sideshows in Petticoat Lane and in particular a man who munched electric light bulbs for a living. Nothing over the years has altered that impression, nor for that matter extinguished a detestation of baby shows, engendered by what was billed as the First National Baby Show at the Crystal Palace, to which, as editors, we were invited to act as judges; in an advisory capacity (or so we thought) to some great personage.

In actual fact we became the sole protectors (with two contemporaries who had come for the ride) of the promoter, Councillor Fruitknight of Romford, from ravage by more than a thousand seething women, protesting against the total lack of organisation, which had permitted wholesale gatecrashing and with no sort of officials, other than a practitioner from Penge and a few local nurses, all in the act of hasty departure.

Money had been spent by the entrants on travelling from all parts of England and Moseley and his mugs were milk and water in comparison with the venom hissing high in the great hall of that gigantic glass house.

There were ugly moments before somehow in one of the lesser rooms we managed to assemble something like a reception centre in a refugee camp and, by arbitrary means (and four hours' work), to pick out one hundred and fifty deserving of prizes. These were recommended to the feckless Fruitknight for handsome awards if he valued his life, for by then the breath of scandal had reached Fleet Street and waspish reporters were everywhere.

Next day there was a great splash across the Sunday newspapers, though we had managed to escape uninjured and unidentified, saving the truth of it all exclusive for readers of the *Gazette*. Television—thank God—was in its infancy and elsewhere.

Six weeks later, on a chilly November night, the Crystal Palace was burned to the ground and we, who had felt it scorching in that massed maternal rage, were possibly the least surprised.

Disintegration was all around and, on December 10th, a year to the day after touring the Hospital as Prince of Wales, Edward VIII gave up his crown and we needed a new President.

England, we felt, had come apart a little at the seams and, though Mr. Baldwin went on being Prime Minister and was probably at his most effective as a monument of self rectitude, resounding determined views of his own in the name of millions merely stunned in disenchantment, there had begun a national awakening to much that went far beyond the crisis of succession.

Fortunately perhaps in the *Gazette* Office we had no more time for mischief and found ourselves faced with a fortnight in which to produce a Jubilee Number, of which we had had ample warning and constant reminder.

There was a torch to be handed on, and how well it has been kept alight through far more difficult times until now the *Gazette* is a hundred years old. An astonishing achievement by any standards and one of which you, the editors, justly may be proud.

Old men give good advice to console themselves for no longer being in a position to set a bad example and, from among the stars, I shall look forward to saluting the second centenary.

Congratulations to the Guy's Hospital Gazette on reaching their Centenary Year

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Guy's Hospital Gazette and its Editors

Dr. M. Campbell

You may know that St. Thomas's was a fine hospital on the other side of the street for centuries before Guy's. You may know that Thomas Guy was a publisher and book-seller in London, and may have heard that he was miserly. In fact when still young he was building schools and almshouses at Tamworth where his mother had taken him as a boy after her husband's death. Soon after this he was a governor of St. Thomas's, a friend of their Dr. Richard Mead and was building them a new courtyard.

When Guy found himself wealthy enough to build a hospital of his own, there was no quarrel and Richard Mead helped him with its planning. Guy died in 1725 and the first patients were admitted in 1726. It was the time when very many voluntary hospitals were starting. We confused the old and new styles of dating until after our bicentenary in 1925. Although the two hospitals were quite independent, they worked together and generally quite harmoniously until 1864. Then the whole contour of the site was changed to allow the extension of the high-level railway from London Bridge to Charing Cross,: and St. Thomas's was rebuilt elsewhere.

Guy's Hospital has many claims to fame. First are Thomas Guy and the many great men who have been included among its staff, but the Guy's Hospital Reports (1836) and Guy's Hospital *Gazette* (1872) have added to its repute.

Much credit must go to its students that some have always been ready to come forward and shoulder the onerous burden of editing the *Gazette* each fortnight and equal credit that they have always been able to do it so well. I was very pleased to be asked to write this because of the opportunity to pay an overdue tribute to the long series of students and junior doctors who have done this work so well for so long.

It has not, I think, been a training ground for any of our great medical novelists but has no doubt helped several with their later medical writings. It has maintained a standard of good English and has published much of interest over a very wide range, though mainly of course medical or hospital social and sporting activities, including the long series of Residents' Plays.

The next two paragraphs are based on Sir William Hale White's inaugural address on the history of the two Guy's Hospital Physical Societies (1771) published in the *Gazette* of 1919.

Before the middle of the 18th century there were few medical societies or journals. Most medical papers appeared in the Philosophical Transactions of the Royal Society of which many doctors were Fellows. In 1752 a society started meetings at the "Mitre" in Fleet Street. Another, of which William Hunter was a guiding spirit, met at Old Slaughter's Coffee House and published Transactions that contain excellent descriptions of Fothergill's attacks of migraine. Neither

of these lasted very long. The flourishing Medical Society of London started in 1773 and about a quarter of its first council were Guy's men. We must admit Edinburgh was somewhat ahead in this direction.

There was not a great deal of hospital teaching. Practising doctors were anxious to discuss patients with others, pupils wanted to keep in touch with their teachers, arrangements were needed for publishing reports, books were expensive and these new societies could make them available for their members. The Physical Society of Guy's Hospital flourished from 1771-1852: the catalogues now in the Wills Library show many books were stamped 1771. The Regius Professor of Physic at Cambridge was another example of the widespread use of the term physic at that time. By 1832 the Pupils' Physical Society started independently with a member of the staff as their Honorary President, and is I hope equally flourishing today. Two most interesting meetings must have been Jenner's talk on vaccination in 1802, and Osler's first public engagement in England in 1905 when he described himself as a Guy's man, if not by birth by grace and adoption.

Lectures on anatomy went back almost to the start though the Anatomical Theatre was not built until 1825. A Clinical Reports Society flourished in the 1850's but the hospital was a very different world, hard to picture. Few students became Licentiates of the Royal College of Physicians because then until 1861 they were not allowed to dispense drugs for their patients. This was an affair for the Society of Apothecaries.

When Henry Howse became demonstrator of anatomy in 1868 he greatly improved the methods of injecting bodies and made the whole place cleaner. Two years later he was surgeon and went to Glasgow to study Lister's antiseptic methods and returned full of enthusiasm with his carbolic spray which he continued using long after Lister.

There were changes of other sorts. For eighty years, the Stockers, father and son, had been untiring apothecaries to the hospital, and also collected the students' fees. In 1874 there was the first dean of the medical school and Frederick Taylor the physician took over this and other duties.

This was the background when the Guy's Hospital *Gazette* was first published in October, 1872. It claims to be the oldest surviving students' journal. St. Thomas' started their surviving journal about eighteen years later. The London Students *Gazette* started in March, 1871, but stopped publication after some years.

From Guy's Hospital GAZETTE, *21st Dec., 1872.*

"Twas the Janitor's voice, thus I heard him complain:
Those lazy young beggars won't catch the first train;
They'd rather—astounding it seemeth to me—
Take 'forty winks' more than come hither to be
Anatomy taught by our Arthur E.D.
Yet anatomy's hard, as they know to acquire
Without knowing it so that when patients they view,

Their external parts they should seem to see through;
And Anatomy's dry not amusing 'per se'
But it's flavoured and seasoned and spiced by A.D.
With experience, anecdote, joke, jeu d'esprit
Till they'd swallow the dose with such pleasure, d'ye see?
That they'd wish it repeated—oh more than t.d.
XXXXXX
XXXXXX
Learn Anatomy now, opportunity flies,
And take the advice of a Student of Guy's".

I wish I could tell you something more about T. Cattell-Jones who started it all with Edward Giblin and Henry Clarke, a dental student. Cattell-Jones was a fairly senior student for he qualified M.R.C.S. Eng. in 1873, and L.R.C.P. Edin a year later. In 1875 he appears in the Medical Directory at Highfield Villa, Shepperton, Middlesex, and describes himself as ex-Editor of the Guy's Hospital *Gazette*. I fear he may have died for I cannot find him anywhere in the 1876 directory, and Housden says his name is in the Medical Register of 1878 for the last time.

Henry Clarke, qualified M.R.C.S., Eng., L.R.C.P., L.S.A., in 1874 and describes himself as late Resident Obstetrician and House Officer at Guy's. He does not mention dentistry, but may have done some dental work. In 1875 he seems to have been settled in practice at South Penge Park. Edward Giblin, also qualified M.R.C.S. Eng. in 1874, and went on as Editor six months longer. He does not record any hospital appointments at Guy's, but was still holding one elsewhere in 1875.

After a first number of only four pages it continued as eight pages at 2d a copy. Birkett, the senior surgeon, spoke very highly of it and it was widely welcomed. When Cattell-Jones resigned the *Gazette* passed to the ownership of Mr. Brimmer the printer. He thought it would be in more stable hands under the Presidents of the Pupils Physical Society who had learnt a good deal about running their own affairs during the previous forty years.

In 1875 the *Gazette* became fortnightly instead of weekly and the price was raised to 3d. Then in 1880 the blow fell. C. H. Downs wrote an outspoken editorial siding firmly with the Nursing Staff in their pay dispute with the Governors of the Hospital and the *Gazette* was suppressed for six years.

This is an oversimplification. *Mr. Guy's Hospital, 1726-1948* by Dr. Cameron, is an enthralling book that you will all enjoy reading. Cameron was himself an ex-editor and you will see how useful he found the *Gazette* from the many quotations and references. He explains that the dispute was much wider, mixed up with the reforms following the work of Florence Nightingale. The staff were divided and the Governors were naturally angry with one-sided publicity. Possibly they would have been wiser to state their case in the *Gazette*.

In January, 1887, fortnightly *Gazettes* were resumed with the Governors' approval provided a member of the staff acted as censor.

Its circulation was soon 400, its average size increased from 14 to 24 or even 32 pages, and the subscription was 7/6 a year post free. *Passim* appeared about this time and the first illustrations. Ash & Co., of 42 Southwark Street, became our printers and did this so well that they held the position for eighty years.

1890 saw our first special double number to commemorate the opening of the new residential students' college by Mr. Gladstone, then a Governor of the hospital. He described it as a convenient and highly creditable building but it had lost much of its popularity before it was demolished a few years ago.

The *Gazette* offered two prizes, of one guinea for the best commemorative poem, and of two guineas for the nearest approach to a popular choice of 30 books most essential to the College Library. The first 16 seem to me truly representative of the Victorian age.

Shakespeare's Works	Motley's Dutch Republic
Darwin's Origin of Species	*Westward Ho*
The Pickwick Papers	Milton's Poems
Gibbon's Roman Empire	Byron's Poems
Carlyle's French Revolution	Last Days of Pompeii
Tennyson's Poems	David Copperfield
Vanity Fair	Ivanhoe
Darwin's Descent of Man	Macaulay's Essays

1892 was notable for the publication of the excellent *Biographical History of Guy's Hospital*, by Samuel Wilks and G. T. Bettany. Bettany was M.A., B.Sc., but not medically qualified. He died before the book was published but Wilks emphasised how little was known about Thomas Guy before Bettany's extensive researches in the British Museum and elsewhere and that all Guy's life and much about the early staff had been written by Bettany. I must just mention some names of the great Guy's physicians who covered most of the 19th century—Richard Bright, Thomas Addison, Babington, William Gull, Samuel Wilks, Pavy, Moxon, and Hilton Fagge, and Thomas Hodgkin, curator of the museum and Demonstrator of Morbid Anatomy, but not physician to the hospital. Our first great Treasurer, Benjamin Harrison, jun. (1797-1848), certainly helped us in finding some of these.

By 1895 the *Gazette's* circulation had risen to 1,500 but evidently its ownership by the Pupils Physical Society with its many presidents had proved cumbersome and in 1897 it started afresh with a new constitution which has carried it on until today. It was to be managed by a committee of two members of the Staff, two members chosen by the Clubs' Union, the President of the Residents, the Editor, the Manager and not less than four or more than six co-opted members, generally students. For ten years Charles Wells, clerk to the governors, had been making himself increasingly useful and now became manager and did a great deal for the *Gazette* until his retirement in 1916.

From 1900 onwards there was often a surplus which was used to help the finances of some student activity, the first £33 being for a residents' piano, then interest-free loans for building the stands at Honor Oak Park, a thousand shillings to the Million Shilling Hospital Appeal of 1905. I think I am correct in saying that later the *Gazette* was sometimes able to give £1,000 to support some activities of the Clubs' Union.

The medical school has always been an important part of the hospital but not a very noticeable part physically until after 1897. It grew up under a great Treasurer of the Hospital and a great Medical Superintendent.

Cosmo Bonsor (1896-1910) was an M.P., a governor of the Bank of England, and a railway chairman but seemed to spend all his time at the hospital where he knew and talked with everyone.

Cooper Perry was a good physician, expert at skin diseases, a brilliant administrator, but he could not lecture, though a wonderful teacher at the bedside or out-patients. Between them they collected many most generous donors so the time when pre-clinical sciences were mainly taught by physicians and surgeons gradually ended.

In 1897, the department of Physiology was built and in 1903 the Wills Library on the far side of the Park. In 1904 the Gordon Museum and departments of Anatomy and Biology followed, and in 1909–12 departments of Pathology, Chemistry and Physics (in its modern sense). The nurses had all been moved from uncomfortable quarters at the top of Hunt's House to a beautiful new Nurses' Home in 1902.

The Wills Library has some wonderful old and valuable books going back to the Physical Society of 1771. Our oldest by Saliceto, an Italian surgeon, was printed in Venice in 1489. My favourite is the 1555 second edition *De Fabrica Humani Corporis* by Vesalius with charming wood cuts displaying a man's muscles against a landscape. Others are Harvey's *De Motu Cordis* and Newton's *Principia.* George Winston who was Librarian all my long time as Wills Librarian arranged many exhibitions of them and over the years with the advice of British Museum experts we got them into rather better condition, for I had been taught to love old books round Sir William Osler's table.

There had not been so much new building since Hunt's House in the 1850-60's. Hunt left £180,000 to the Hospital and extra beds were improvised at once in 1830 but time was needed to get adequate space for this large block, almost doubling the size of Guy's. This was only one great help that Benjamin Harrison, jun., gave to Guy's.

When I came to Guy's in 1914, there had been 37 editors, and I knew ten of these as colleagues or prominent Guy's men, the earliest being Guy Bellingham Smith, editor in 1888, later our obstetric surgeon. Among them was Gowland Hopkins, who after qualifying in 1894, became demonstrator of physiology. Four years later at a meeting of the Physiological Society, Michael Foster took him by the arm and persuaded him to move to biochemistry at Cambridge which led him to the discovery of vitamins, the Presidency of the Royal Society and the O.M., our most distinguished ex-editor.

During my early years at the hospital, the editors were all my friends whom I saw frequently. This applied both to my student and my registrar periods. In retrospect, by three-and-a-half years in the R.A.M.C. with 20th Combined Field Ambulance in Mesopotamia and Persia does not seem as long as it did then. It was an exciting journey of a thousand miles from the base at Basrah to the Russian border on the Caspian Sea, about equally by car, by river-boat or on foot.

Two of the editors slightly senior to myself, Ryle and Conybeare, and one much younger, Baker, were among my closest friends and were all Wardens of the College. John Ryle was one of Guy's greatest physicians and in spite of his great distinction later it was sad for Guy's when he left. But when the bombing was heaviest he was back again.

Josias or Cony, as he was known at different times, probably knew more Guy's men than anyone else ever has and belonged to more dining clubs. He was always a rebel and never grew old and was always fighting for the underdog. Students and house officers will never know how much he did for them.

Charles Baker was a man of exceptionally wide interests but music, art, good books, royal tennis, ski-ing and racing never interfered with his work. He had the task of writing an early paper on mitral valvotomy with Russell Brock, Paul Wood and myself. Agreement was difficult so naturally we dined at the Warden's House and argued fiercely. When Paul drove me home at 3 a.m. I found he had a much higher opinion of Charles for standing up to him so firmly.

I am not surprised at my high opinions of the editors because from my arrival as a stranger from an outside university I was welcomed and taken as a Guy's man. I have received nothing but kindness and can hardly recall an unhappy moment. This applies equally to staff and students, nurses, laboratory technicians and porters, those concerned with more menial hospital duties, and to the governors.

There have, of course, been a few unpleasant people and a few quarrels but never deep divisions. Guy's has somehow learnt the secret of happy community living with decisions after free democratic discussions. Perhaps Cosmo Bonsor started this. Few can now recall Professor M. S. Pembrey. He was a pioneer in student participation, and I hope his Students Physiological Society still flourishes.

Only a few editors can be mentioned by name. When Guy's Hospital celebrated its bi-centenary in 1925, George Housden was 56th editor and produced a splendid special number of 216 pages. It covered accounts of most aspects of the hospital including its history by Sir William Hale White, its working by Eason, then superintendent and an ex-editor. There were accounts of the medical and dental schools, of the nurses and the Pupils' Physical Society, and every athletic activity, these last occupying about a third of the whole. Housden wrote a good history of the *Gazette*. For the rest of his life he carried on a very successful practice at Basingstoke.

After several years of financial security with a circulation of about 2,700, 1933 provided a serious crisis. Most of the securities listed on our bank receipt proved to be forgeries, and instead of our

credit balance there was a deficit. At my first interview with the police I did not find them very friendly, but by the second they had seen the books and the source of the defalcations was clear.

The future was secured by appointing official auditors instead of students and by making Miss Sidney manager. She was a most able business woman and was with us for 28 years. She could have doubled her salary by leaving but preferred working hard for us. It was amusing hearing her on the telephone persuading customers to increase the amount they were to pay for advertisements. The hospital has many servants like this who give much more than they get. Kingston, our catering officer, is one more I should like to mention because since his death two years ago he has been impossible to replace. Nothing was ever too much trouble for him if it would lead to better food for Guy's patients.

There was a fine Jubilee Number in 1936 when Adrian Hill, now a gynaecologist at Lymington, was editor. There were splendid cartoons of Joey Hughes and Eason but the paper was not good enough to make the hospital pictures as attractive as the bi-centenary number; from which several articles were reprinted. One interesting new one was by Layton on Dickens' medical students.

With the paper shortage in 1942 the size of the *Gazette* was changed for the first time from $7\frac{1}{2}$ inches by 10 inches to $5\frac{1}{2}$ by 8 inches. With nearly 4,000 of the 5,000 copies issued now being posted the smaller size has proved convenient.

When the National Health Service started in 1948, Guy's Hospital was no longer independent; though it had some new and some old governors their freedom is no longer complete. The *Gazette* continued just as before, but the committee decided to mark this stage with a book.

Hujohn Ripman was editor and did an immense amount of work on carrying Sir William Hale-White's history through to the end of the war and collecting many fine pictures, several reproduced in colour. His father had been Sir William's registrar and practised in London until very recently. He may, I think, be the oldest living Guy's man. Hujohn is now obstetrician and gynaecologist for East Suffolk and Ipswich. There are charts of all the bombs that fell on Guy's but the only irretrievable damage was the east wing with the beautiful governors' court room burnt to the ground. Fortunately after long discussions it was decided that this should be rebuilt in the same style instead of allowing the remainder of Guy's original front court to fall into decay.

T. B. Johnston, F. N. Doubleday and Miss Dorothy Smith covered the medical, dental and nursing schools. Eason, now Sir Herbert, completed an up-to-date account of the hospital with some fine drawings by Hanslip Fletcher. There are also three drawings by John Halls Grundy of convalescent soldiers and of McNair and Batchelor, an ex-editor, operating at Orpington. Grundy was attached there for a time as an artist. These come from a full account of Guy's war-time activities at Orpington published in the 1946 *Gazette*. Francis Freemantle, an ex-editor, was chairman of the parliamentary medical committee in 1940 when he and Alfred Salter, an outstanding

Guy's doctor in Bermondsey and their Labour M.P., gave me so much help at Orpington in my battles with the Ministry of Health.

This book has my last list of editors of the *Gazette*—98 names. It must be well over the hundred now for, though two remained full editors over two years, not all did a full year. P. S. Boultor, one of the last of my time, did five years as assistant or full editor and told me recently his admiration for Miss Sidney was as great as mine. Looking down the list you will agree that they have had useful and distinguished careers and may be surprised how many were on the Guy's staff or equally eminent.

As chairman of the *Gazette* committee from 1927–54 (over a quarter of this century) I should be able to recall them all, but fear that four or five now escape me. Among my most valued possessions are first editions of "The Adventures and Memoirs of Sherlock Holmes", a gift "by which a great many Guy's men and women wished to show their appreciation of the wise and generous guidance which Dr. Campbell gave to the *Gazette* for so many years"—a very gentle guidance.

In October, 1934, I had been anxious about giving a clinical lecture on the medicine of Dr. Watson and Sherlock Holmes because I did not know how interested you would be. I need not have been, because every gangway was packed and it was the only lecture I was ever asked to repeat at Bart's. It was the *Gazette's* reproduction of this lecture in a greatly expanded form with much that was not medical that led to my election to the Sherlock Holmes Society.

The first time Russell, later Lord, Brock and I lunched together after the war he talked to me about the surgical relief of mitral stenosis. I remembered many tough fibrous specimens in medical museums and was not optimistic, but thought pulmonary stenosis might be easier to relieve. Probably he and certainly I did not realise how this talk would change our lives.

The three only common heart operations were then all fairly recent. Gross at Boston in 1939 had closed persistent ducts and this had been followed widely. Then in 1945 Crafoord at Stockholm and Gross independently had successfully removed the narrowed part of coarctation of the aorta. And Blalock and Taussig at Baltimore the same year had improved the cyanosis in Fallot's tetralogy by re-directing a brachial to a pulmonary artery. All these were outside the heart. Brock's idea was quite different as a finger or an instrument had to be passed through the heart wall to get at the valve.

The first patient I had found for Russell had infundibular instead of valvar stenosis so he had to devise other instruments to deal with this. I was still trying to improve by medical means those sent for possible mitral valvotomy.

In September, 1947, Blalock was coming to Guy's under an exchange scheme and I had been asked to collect some patients for his anastomatic operation. With the help of friends at many hospitals I got a dozen. Blalock and Brock operated on them very successfully and there was so much newspaper publicity for Blalock that I had to start a special outpatient clinic to deal with all the parents who wanted to bring their children. My colleagues and the governors

reacted to my needs most promptly. I was even given a hospital secretary, a thing almost unknown before the National Health Service.

Early in 1948 there were plenty of patients with Fallot's tetralogy and simple pulmonary stenosis for Russell to do his direct operation of pulmonary valvotomy. He did this with success and over the years has had the satisfaction of seeing it become the accepted operation.

When in 1948 I saw how much Russell could do to help his patients with mitral stenosis, I became as enthusiastic as he was. When the results were reported there was another flood of publicity and it was clear we should be fully occupied for the remainder of our time.

Mitral stenosis is so much commoner than pulmonary stenosis that its improvement is a greater help to the world. But Russell was a lone pioneer for pulmonary valvotomy. For mitral valvotomy he was one pioneer with three American surgeons, Harken at Boston, Bailey at Philadelphia, and Smithy at Charleston.

They were exciting times. Before the war my patients had been mostly in their sixties, now they were mostly in their teens or younger and so much could be done for them. Now there was a Cardiac Department that occupied most of the time of three of us, myself, Charles Baker and Ralph Kauntze, quite apart from the surgeons.

Guy's was proud when Lord Brock became President of the Royal College of Surgeons and was followed by Sir Hedley Atkins, and I was pleased when he was followed by Sir Thomas Holmes Sellors, who had helped with so many of my cardiac patients. Just recently Guy's are delighted to have Cyril Clarke as President of the College of Physicians though he has deserted them for Liverpool.

You can hardly expect me to express any views about the great changes and new buildings since 1956. I can only give you my good wishes for equal success and happiness and ask you to remember our debt to Bertie Lees Reed as well as to many now living for the planning.

Going to live at Orpington in September, 1939, I wondered if a different generation would be very different. They were not: they were only careless about their cigarette ends, and after dances and concerts in our wooden hall I always made tours of inspection. It was burnt down some years later.

Now again, if I were back at Guy's, I wonder if I should find more serious changes. I was somewhat reassured by the young men I saw at the recent Biennial Dinner and still more by a charming young woman who had been a medical registrar, and assured me that the Guy's women students maintained the good looks that the Guy's nurses have always had.

The rest of this article will deal with some non-medical aspects of the *Gazette* which have added greatly to its interest. Though never an editor, Ralph Wingent deserves a mention because his historical and topographical articles have been followed by others. *Gazettes* from 1905–13 contained many of his sketches and caricatures, and articles that can be read more conveniently in his *Historical Notes of the Borough and the Borough Hospitals* (Ash & Co.,

Southwark, 1913). He came to Guy's in 1897 and passed his first examinations but then rheumatic fever damaged his aortic valve and his interests turned to 18th century Southwark. He died at 35, not yet qualified but a learned man. He also left us the Guy's Museum of Antiquities. No one at Guy's can be unaware of their historic surroundings, London Bridge, Southwark Cathedral, the Borough High Street, with its many alleys and famous inn yards. If browsing there you will certainly find much of interest in Wingent's book which has supplied some dates and facts that follow.

Chaucer's pilgrims started from "the Tabarde faste by the Bell" in 1380 and a beam commemorating this was removed only in 1763. The White Hart was perhaps even older and was the headquarters of Jack Cade and his insurgent mob. These old inns have long since disappeared though the last White Hart, where Mr. Pickwick met Sam Weller, stood until 1899 and Tabard House was revived when a home for Guy's wardmaids was built on the site in 1898.

Shakespeare's plays were often performed from the galleries of the George Inn where we still often dine before an evening at Guy's.

Farther down is the church of St. George the Martyr, built in 1733, on the site of the oldest church in the Borough. Here Little Dorrit was christened after her birth in the Marshalsea prison and the burial registers (one of which served her for a pillow when she was locked out of the prison) go back to 1600. It was badly damaged in the blitz but was well restored in 1952. The Marshalsea Prison overlooked St. George's churchyard but was demolished in 1849. Lant Street, where Charles Dickens lodged as a boy while his father was in the Marshalsea for debt, is lower down on the other side.

You all know Russell, later Lord, Brock as an expert on cardiac surgery, but he has made fascinating discoveries about the old St. Thomas's Hospital operating theatre and these have been written about in the *Gazette*. He has a wide knowledge of the general neighbourhood of Guy's but for London Bridge it must be unique. A few years ago his talk on this at Guy's was one of the best lectures I have ever heard. I do not remember much about it in the *Gazette*. Perhaps there were too many illustrations for this, but I am sure he could be persuaded to repeat the lecture.

Those of you who remember Tubby Layton will think of him as a great medical teacher who did a lot to stop unnecessary tonsillectomies. He was also a keen Dickensian and a paper he read on Dickens' Medical Students appeared in the December, 1936, *Gazette*. I will not spoil your reading it by quotations but he identifies the house in Lant Street, where Bob Sawyer, the most famous Guy's student in literature, entertained Mr. Pickwick.

Dickens' doctors generally were not very interesting but (if I may refer to the London Hospital *Gazette* of January, 1942, or the *B.M.J.* of December 24th, 1955) Russell, later Lord, Brain has pointed out what a wonderful neuro-psychiatrist Dickens might have been. From his description of Mrs. Joe Gargery in "Great Expectations", Brain deduced that the murderous assault had left her with a severe contusion of the left temporo-parietal region causing jargon aphasia and word deafness and some traumatic dementia, with injury to the

third or sixth cranial nerve leading to diplopia. And there are a large number of other interesting diagnoses.

But there are so many such varied topics worthy of mention in our own *Gazette*. Hugh Barber, physician at Derby and captain of Yorkshire's second cricket XI, played twice for the county. His book "The Rewards of Medicine" (H. E. Lewis, 1959) were mostly articles from the previous ten years' *Gazettes* and make excellent bedside reading.

"The War and Guy's, 1939–45", by Peter Bishop, another ex-editor (G.H.G., March, 1943, and July, 1945), and many of Lees Read's (1957) articles on "The Rebuilding of Guy's" are of great interest and many more. I have enjoyed several recent ones on books by G. L. Davies and hope his deteriorating eyesight will not stop them.

My clearest pictures of North and South Vietnam are from two Guy's *Gazettes*—of the south from Philip Evans who was helping with children's hospitals there, and for the north from a visiting student who made me more sympathetic with Communism than usual.

For Guy's greatest artist I must refer you to Harry Vertue in the G.H. Reports of 1961. Henry Lamb had deserted medicine at Manchester for Paris and already had some reputation as an artist. August, 1914, brought him back to complete his medical studies at Guy's. The three of us happened to be externs on the district together in 1916 and had a very happy month. We delivered 185 babies and details about my share in a little black book are still in my possession. Lamb took his medical work seriously and won the M.C. in Palestine but returned to painting. Perhaps "The Artist's Wife" in the Tate Gallery is the one I like best.

Keats is probably the best known of all Guy's students. He left school at 15 and, like other medical students of his time, first did five years apprenticeship (October, 1810–15) with Thomas Hammond, a Guy's doctor who had looked after Keats' mother in her final illness.

Everyone knows Keats' poems about his dislike of living in the Borough and his pleasure in moving to Hampstead. I feel sure that the following verse written after listening to a nightingale in his Hampstead garden was recalling the contrasts of elderly patients with strokes and younger ones with tuberculosis in the original wards at Guy's.

> Fade far away, dissolve, and quite forget
> What thou among the leaves hast never known,
> The weariness, the fever, and the fret
> Here, where men sit and hear each other groan,
> Where palsy shakes a few, sad, last grey hairs,
> Where youth grows pale, and sceptre-thin, and dies;
> Where but to think is to be full of sorrow
> and leaden-eyed despairs;
> Where beauty cannot keep her lustrous eyes,
> Or new Love pine at them beyond to-morrow.

A lecture in a recent *Gazette* (January, 1970) by Lord Evans of Hungerhall based on recent researches emphasises that Keats probably became interested in doctors after nursing his mother—a

good reason for wanting to be one. After the apprenticeship only six months at Guy's was needed but Keats persuaded his trustee to pay for the full year. Sir William Hale-White always emphasised that his notes of Astley Cooper's lectures were neat and well-arranged but may not have known who he worked with. Astley Cooper was much the greatest of all Guy's early surgeons. In some way Keats caught his attention and for six months after October, 1815, worked under Cooper's dresser. But for the second six months this was not possible and in April, 1816, Keats himself became dresser to William Lucas, junior. In July he passed all his medical qualifications.

Lucas had inherited none of his father's dexterity and was probably the worst surgeon ever appointed to Guy's—rash and dangerous. This is clearly expressed in Wilks and Bettany (1892) using Astley Cooper's own words. Keats must have felt his responsibility for these patients deeply but it would have been only for a time. Cameron's History states that he chose to be dresser to Lucas and does not mention the previous six months with Astley Cooper so perhaps did not know about them. Lord Evans wonders if Keats had not had to work with Lucas whether he might not have continued as a surgeon.

This seems to me unlikely. While an apprentice he became more friendly with his schoolmaster's son, Charles Cowden Clark. Spare afternoons were often spent together and he often remained for an evening meal. Reading, especially poetry, was becoming an increasing pleasure and sometimes they wrote a poem. You will remember Keats qualified in July. In the autumn he and Clark spent an evening with a beautiful folio copy of Chapman's translation of Homer. Keats stayed late that night and when Clark came down to breakfast he found the poem "On first looking into Chapman's Homer". The die was cast and "in late autumn" Keats told his trustee he was giving up medicine to be a poet. He had only four years left for this.

I hope the many ex-editors whose names have not been mentioned will realize the thanks are for them also, especially for the one who gave us Thomas Guy on the front page of the *Gazette*.

The 1st Edition of the *Gazette*

Guy's Hospital Gazette.

No. 1. TUESDAY, OCTOBER 1, 1872. 12 Copies Free by Post, Two Shillings. TWOPENCE.

IN launching this little sheet—which it is intended to publish weekly—we, the Editorial Committee, wish to draw the attention of Guy's men to what our present intentions are.

There can be little doubt but that there has been a great want of some medium of communication between one class of Guy's men and another. Guy's Hospital is a large place, and it is quite impossible for any student to expect to be cognisant of all that takes place within its walls.

It is therefore obvious that every student misses much that is interesting, and that a great many things take place in the Hospital, from which he might derive useful information, but which it is impossible for him to see simply because he is not ubiquitous. It is, therefore, our intent to bring before each student an account of everything of interest that passes at Guy's, so that he may as it were have his powers of observation multiplied.

As this paper will be published weekly, we shall be enabled by its means to inform students of many things which are to take place during the ensuing week, and thus enable him to make better use of his time than he otherwise could do.

We would ask all Guy's men to aid us with every information they may think will be useful to their fellow-students. To the Surgical, Medical, and Clinical Clerks we shall look for reports of remarkable cases; to the P. M. Clerks for notes of interesting autopsies, and to the others, each in their several departments, for an account of such facts as they may come across, in discharging the duties of their own several appointments, and may think likely to prove of value to others. And we trust that all Guy's men will do their best to support and aid our undertaking, which has as one of its prominent objects the formation of a closer bond of union between the several classes of students than the usual course of study now tends to produce.

It is perhaps scarcely necessary to say that money-making is not an object, and all that the promoters of this little paper hope, for is that sufficient patronage will be extended to it to enable it to pay its way.

We do not wish this paper to consist of two or three special articles, strung together by clever brains, but rather a statement of facts that have occurred or are about to occur in the Hospital; and though our first number may seem to be meagre in the *news* it conveys, yet we hope as our sources of information become multiplied, to collect in future numbers all the news that may be of value to students.

Our pages will also be open to letters from Correspondents, and we shall always be happy to answer, as far as lies in our power any questions that may be put to us in that form.

Our advertising columns will also be open, at a cheap rate, for all students who may have any articles of a professional character to dispose of.

We would draw special attention to the column entitled "Our Note Book," containing, as it will do, the most important aphorisms let fall from the lips of our teachers and which up to this time have been heard only by the few who chanced to have been present at the time they were spoken, but now will be given to all through the medium of this paper.

With regard to the accuracy of statements contained in our pages, we can only say that in every case we shall endeavour to do our best to publish only news obtained from reliable sources, and to verify our reporter's statements as much as possible. Should, however, any inaccurate statements appear in spite of our care we will always correct the mistake in our next number. But in no case do we hold ourselves responsible for opinions expressed in any communication which may be addressed to us.

We conclude by wishing all old students a welcome back to work again, and no less a hearty welcome to those new students who come among us now for the first time.

We earnestly hope that this little publication may have such a tendency as to enable us the better to work through the ensuing session, and with a unity and a harmony that will cause us in after life—far away it may be from the scene of our present labours—to remember with pleasure the days of our studentship, when the helpful co-operation of our fellow-workers made the time pass so pleasantly and profitably.

WE wish to draw attention to the new Prospectus, which has evidently been prepared with great care and is obviously a marked improvement on the old one The Hospital is becoming such a large place as really to require a plan to guide fresh men about its numerous departments. With regard to the history of the Hospital, a great omission existed in the old Prospectus as to the share WILLIAM HUNT had in the establishment of the School; this defect has been remedied in the present edition, and a correct and concise account of the institution is presented to the reader.

We would draw special attention to the advice to Students, given on page 52. There is no doubt but that the whole of a man's time should be devoted to the study of the subjects for the primary examinations at the College and Hall until he has passed those examinations.

The appointments sometimes held before this goal has been reached can only tend to divert the mind from these all-important subjects, and on the other hand the fact of being hampered by the thought of a coming examination must prevent a man from giving proper time and attention to his Surgical Ward Clerkship, or whatever junior appointment he may be holding. We would, therefore, judging by our own experience, advise first and second year's men to wait till their primary examinations have been successfully passed before they undertake the duties of any appointment.

The abstract of the regulations of the various licensing bodies, which is found at the end of the Prospectus will be useful for frequent reference.

QUR NOTE BOOK.

Gleet when it has existed for 3 or 4 months, is almost always accompanied by stricture.

The gleet cannot be cured, unless the stricture be dilated, as the portion of urethra behind the stricture forms a pouch for the lodgment of irritating discharge.

Impacted wisdom tooth happens more frequently on the lower jaw.

Stumps of teeth when causing no irritation are better left, as they preserve the contour of the face.

The breaking-off of hairs, close to the roots, though suggestive of Tinea Tonsurans, is not characteristic of that disease.

Headache, if in the forehead, points to indigestion, but if on top of the head it is probably caused by nervousness or anæmia

MEDICAL WARDS.

Case of Typhoid Fever occurring in a Patient, who has been in the Hospital 2 Months.

Emma Y——, æt. 23, was admitted into No. 23 (Mary) Ward on 15th July, 1872, suffering from perniplegia.

For this she was treated with little success till September 20th, when she had a *rigor*.

By the 24th symptoms of Typhoid Fever were fully developed.

September 24	M. 103·6	119	19	
,, 25	M. 103·2	112	25	6 rose spots
,,	E. 103·2	132	48	Diarrhœa
,, 26	M. 104·2	116	30	Diarrhœa
,,	E. 103·8	136	34	
,, 27	M. 104·5	112	26	

This is a case of considerable interest with regard to the infectiousness of Typhoid Fever.

On the 8th September a Patient was admitted into Mary Ward (No. 7), suffering from a violent attack of Typhoid Fever. Twelve days afterwards Emma Y—— had a rigor, followed by the usual symptoms of the disease. The two patients lie in different sections of the Ward, and are under different nurses. Emma Y—— has been confined to her bed for two months, and therefore has not used the water-closet of the Ward. How has the germ been conveyed?

Case simulating Pericarditis.

Stephen F——, æt. 42, Stephen Ward, No. 37. Patient was admitted on September 11th, complaining of pain over the left scapula.

He was spitting a great deal of tenacious sputa of a yellowish colour.

There is a hard mass in the right cervical region, and another probably malignant in the left axilla.

The physical signs are—Dullness on percussion all over left side of chest—deficient vocal resonance—deficient respiratory murmurs—absence of tactile vibration.

A rub synchronous with the heart's impulse is heard over the sternum, and appeared for the first time on the date of admission.

There were no febrile symptoms.

The case was naturally set down to be one of Pericarditis, but on the rub continuing to be heard for 3 weeks, Dr Wilks came to the conclusion that the sound must be exocardial.

On the 27th September the rub could be distinctly heard, the other conditions also remaining the same.

Dr. Wilks remarked that he had often seen cases in the Post-mortem Room that during life were set down to be Pericarditis, but which turned out to be inflammation of that part of the pleura which lies in front of the heart.

The following New Cases have been admitted into the Medical Wards since September 23, 1872.

PHILIP.

No. 5—Admitted September 25th—
Disease—Bronchitis and Emphysema.

No. 18—*Admitted September 25th*—
Disease—Bronchitis and Emphysema.

No. 20—Admitted September 25th—
Disease—Tonsilitis.

No. 24—Admitted September 25th—
Disease—Locomotor Ataxy.

STEPHEN.

No. 22—Admitted September 23rd—
Disease—Gastrodynia.

No. 27—Admitted September 25th—
Disease—Empyema, tapped 9 months' ago.

No. 35—Admitted September 25th—
Disease—Progressive Muscular Atrophy.

ADDISON.

No. 3—Admitted September 25th—
Disease—Bronchitis.

No. 6—Admitted September 25th—
Disease—

No. 13—Admitted September 25th—
Disease—

No. 14—Admitted September 25th—
Disease—

No. 23—Admitted September 25th—
Disease—

No. 25—Admitted September 25th—
Disease—

No. 35—*Admitted* September 23th—
Disease—Chronic Rheumatism.

MARY.

No. 2—Admitted September 25th—
Disease—Morbus, Cordis

No. 30—Admitted September 25th—
Disease—

No. 43—Admitted September 25th—
Disease—

No. 46—Admitted September 25th—
Disease—

PETERSHAM.

No. 3—Admitted September 27th—
Disease—

No. 8—Admitted September 26th—
Disease—

No. 21—Admitted September 25th—
Disease—

No. 26—Admitted September 26th—
Disease—

SURGICAL WARDS.

Case of Malignant Disease of Œsophagus—Gastrotomy—Death.

Joseph ——, æt. 53, admitted in Naaman Ward (No. 7) on the 15 September.

He was suffering for 12 months from constriction of his throat.

No attempt was made to pass a bougie.

On the 17th—Gastrotomy was decided upon and performed by Bryant. After this ½ gr. of morphia was given in suppository.

18th—Patient's strength seemed failing. Brandy was passed into stomach through the opening, but without avail, as patient died 6.30 a.m.

(Post-mortem Examination.)

Broncho-pneumonia of both lungs. Glottis filled with mucus. Below this in œsophagus was an ulcerating malignant surface, which contracted the canal and just allowed a director to pass. It extended about 3 inches down the œsophagus. About 4 inches from cardiac of œsophagus was a growth which almost filled the canal, and would have rendered the operation of gastrotomy unavailing, though the portion of the cancer would have permitted it. There was no peritonitis. About an ounce of blood had escaped into the peritoneum. The wo

in the stomach was situated about 4 inches from pylorus, and round it was a slight trace of adhesion.

The following Cases were admitted into the Surgical Wards during the past week, ending September 28th :—

No.

JOB.

21—Admitted on the 25th—
Disease—

LUKE.

7—Admitted on the 27th—
Injury to Foot (3 weeks)

NAAMAN.

2—Admitted on the 25th—
Stone in bladder (?)
4—Admitted on the 28th—
Disease—
5—Admitted on the 26th—
Transferred to Stephen Ward
6—Admitted on the 27th—
Injury to Hand
7—Admitted on the 25th—
Necrosis about Hip-joint
13—Admitted on the 26th—
Burns on Neck, Arms, and Back
14—Admitted on the 26th—
Extravasation of Urine
17—Admitted on the 25th—
Disintegration of the Knee-joint ; amputation on the 26th
18—Admitted on the 27th—
Suppuration in Axilla.

SAMARITAN.

7—Admitted on the 28th—
Tertiary Syphilis
1—Admitted on the 25th—
Syphilitic Eruption (Secondary)

CORNELIUS.

1—Admitted on the 25th—
Fracture of Left Tibia and Fibula
3—Admitted on the 25th—
Colle's Fracture of Right Fore-arm
4—Admitted on the 25th—
Fracture of Left Femur
9—Admitted on the 27th—
Injury to Right Ankle

ACCIDENT.

2—Admitted on the 26th—
Dislocation of Right Ankle
4—Admitted on the 27th—
Scalds on the Arms, Hands, and Face.

CHARITY.

4—Admitted on the 25th—
Ulcer on Right Foot

MARTHA.

11—Admitted on the 26th—
Tumour in Breast

DORCAS.

4—Admitted on the 26th—
Thrombosis of Right Labium Majus
4—Admitted on the 27th—
Wound in Perinæum
9—Admitted on the 25th—
Stricture of Rectum
16—Admitted on the 25th—
Disease—
17—Admitted on the 25th—
Tumour over Left Eyebrow ; Operation Performed for its Removal
18—Admitted on the 25th—
Tracheotomy
25—Admitted on the 25th—
Fracture of Right Femur and Left Tibia and Fibula

BARNABAS.

6—Admitted on the 27th—
Disease—
9—Admitted on the 27th—
Disease—

No.

RUTH.

29—*Admitted on the 26th*—
Disease—
39—Admitted on the 29th—
Disease—

TABLE OF WORK FOR THE ENSUING WINTER.

FIRST YEAR'S STUDENTS

Monday	Physiology, 4.15 p.m.
Tuesday	Anatomy, 9 a.m. ; Chemistry, 11 a.m.
Wednesday	Anatomy, 9 a.m. ; Physiology, 4.15 p.m.
Thursday	Anatomy, 9 a.m. ; Chemistry, 11 a.m.
Friday	Anatomy, 9 a.m. ; Physiology, 4.15 p.m.
Saturday	Chemistry, 11 a.m.

SECOND YEARS' STUDENTS.

Monday	Practical Physiology, 1.30 p.m. ; Medicine, 3 p.m. ; Physiology, 4.15 p.m.
Tuesday	Anatomy, 9 a.m. ; Surgery, 3.30 p.m.
Wednesday	Anatomy, 9 a.m. ; Clinical Surgery, 1.30 p.m. ; Medicine, 3 p.m. ; Physiology, 4.15 p.m.
Thursday	Anatomy, 9 a.m. ; Practical Physiology, 1.30 p.m. ; Surgery, 3.30 p.m.
Friday	Anatomy, 9 a.m. ; Surgery, 10.30 a.m. ; Medicine, 3 p.m. ; Physiology, 4.15 p.m.
Saturday	Practical Physiology, 1.30 p.m. ; Clinical Medicine, 1.30 p.m.

FOOTBALL CLUB.

MATCHES ARRANGED.

First Fifteen.

1872.
Saturday, October 5—
" " 12—
" " 19—
" " 26—St. George's—Nunhead
" November 2—University College—Tuffnell Park
" " 9—King's College—Victoria Park
" " 16—London Hospital—Nunhead
" " 23—Richmond—Richmond
" " 30—Clapham Rovers—Clapham
" December 7—St. Thomas's—Clapham
" " 14—Blackheath—Nunhead
1873.
Saturday, January 11—
" " 18—
" " 25—St. Thomas's—Nunhead
" February 1—King's—Nunhead
" " 8—Old Paulines—Nunhead
" " 15—Clapham Rovers—Nunhead
" " 22—London—Victoria Park
" March 1—St. George's—Battersea
" " 8—Blackheath—Blackheath
" " 15—University College—Nunhead

Second Fifteen.

1872.
Saturday, October 19—St. Paul's—Nunhead
1873.
Saturday, January 18—International College—Their Ground
" February 8—St. Paul's School—

THE NOTICE BOARD.

SESSION 1872-3.

The Introductory Address will be given by Dr. Pye Smith, in the Anatomical Theatre, at 2 p.m.

The Lectures commence as follows :—

Wednesday, October 2—Anatomy, 9 a.m.
" " Medicine, 3 p.m.
" " Physiology, 4.15 p.m.
Thursday, October 3—Chemistry, 11 a.m.
" " Practical Physiology, 1.30 p.m.
" " Surgery, 3.30 p.m.

(Signed) J. C. STEELE, Superintendent.

Appointments made July, 1872.

Res. Obste. Assistants—
J. R. Hughes, Buchanan, Harries

Surgeon's Dressers—
Spurgin — Mr. Birkett
Elliott, Nash — Mr. Forster
Groves, Ashby — Mr. Bryant
Hughes — Mr. Durham

Clinical Assistants—
Golding Bird, Branfoot, Clumn, G. F. J. Smith, Morley, D. Duke

Eye Wards—
T. Jones, Langdale, Hicks

Asst. Physic. Clerks—
Simmonds, Burton — Dr. Moxon
Gibb, Field, French, Blackburn — Dr. Fagge
Reid, Bingham — Dr. Pye Smith

Clin. Ward Clerks—
Stericker, Pinching, Dalton, Clare, C. B. Elliot, Wigan, F. J. S. Smith, Rigby, T. C. Jones, Booth, Lees, Crespin, Hetley, Barnard, Lewis, Saunders, Nunez

Aural Surgeon's Dressers—
Ransford, Simmonds

Ass. Surgeon's Dressers—
D. C. Morgan, May, Hooper, Tyson, Harsant, Foster, Davies, Crouch — Mr. Howse
Rudd, H. Clarke, H. M. Smith, Keyworth, Griffiths, Metcalfe, H. P. Taylor — Mr. Colley

Dressers in Surgery—
Wilcocks, Kendall, Forty, Dring, Hood, Churchward, Mason, Hind, Winckworth, Duran, Crowther, D. T. Evans, Morton, H. Evans, Wilding, Sangster, T. C. Jones

Post Mortem Clerks—
Hawton, Carey, Wilkins, Bevers, Sweetland, Day

Surg. Ward Clerks—
Jennings, Kavanagh, A. H. Jones, W. N. Jones, Powell, H. Duke, Caldy, Ockendon, Braunmitt, Giblin, Paley, Pritchard, D. T. Evans, Morris, Richards, Barlow, Manwaring, Walbourne

Obst. Out-patients—
F. J. S. Smith, Guard, Barnard, Palmer

Dental Surg. Dressers—
Field, French, Bevers, Burton

Ass. Surg. Clerks—
Greene, Snook, Pritchard

(Signed) J. C. STEELE, Superintendent.

Gynæcological Classes.
24, St. George's Street, Hanover Square, W.

Gentlemen who, in their fourth year, are desirous of joining the Ward Classes, are requested to communicate by letter with Dr. J. Braxton Hicks, at the above direction.

The appointment is made for 1 month.

Gentlemen can select the most convenient month to themselves at the time of application.

(Signed) J. C. STEELE, Superintendent.

24, George Street, Hanover Square, W.

Obstetrical Operations.

Dr. J. Braxton Hicks will give Practical Demonstrations in above-named subjects during the Winter Session. Gentlemen who, in their fouth year, are desirous of joining are requested to communicate with Dr. Hicks by letter at the above direction, specifying the month most convenient to them.

(Signed) J. C. S.

A Photograph of Residents will be taken at 11 a.m., on Thursday, October 3rd.

Gentlemen able to attend will oblige by giving names to
J. D. HARRIS,
Junr. in Charity.

Sept. 17.

GENERAL NEWS.

Up to 4 p.m. on Monday 41 new students had entered their names on the books of the Hospital,

There will be no operations on Tuesday, the 1st. Mr. Bryant will probably amputate through the thigh on Wednesday, the 2nd.

Physical Society.—We strongly advise all Students to lose no time in giving their names and subscriptions to one of the Presidents.

MEDICAL BOOKS.

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GUY'S AND ST. THOMAS'S HOSPITALS.

CAUTION.

J. MILLIKIN, Surgical Instrument Maker to the above Institutions begs to announce that he has NO CONNEXION whatever with Nos. 7, Southwark Street, and 12, Palace Road, and that all communications intended for him must, in order to insure prompt attention, be addressed to

3, ST. THOMAS'S STREET, BOROUGH,

where he is now conducting his business of Manufacturer of every description of Surgical Instrument and Appliance, Artificial Legs, Arms, and Hands, Trusses, Bandages for Prolapsus Ani, Uteri, Pendulous Abdomen, Moulded Leather Splints, Spinal and Orthopædic Apparatus, &c., Dissecting Pocket, Amputating, and Minor Operating Cases.

WE, the Editorial Committee, being at present a self-constituted body, are anxious to throw our work into the hands of a Representative Committee to be elected by the Students.

Gentlemen, of any year, who are willing to take upon themselves the duties of a Member of this Committee are requested to communicate with us before 3 p.m. on Friday, October the 4th, 1872.

The time, place, and manner of the Election will be given in our next number.

Gentlemen who are willing to write articles on subjects connected with the Hospital, or to undertake the duties of special reporters, are requested to communicate with us at once.

Gentlemen having cases of peculiar interest under their care are requested to send us either an abstract of the report or the ward and number of bed.

Gentlemen having any interesting matter in their note books, will greatly oblige by sending us a copy of the same.

If Gentlemen, who are at present Guy's Students, have any articles of a professional character to dispose of they may advertise the same in this column at the price of 6d. for an advertisement not exceeding 20 words.

A limited number of advertisements by persons who are not students, may be inserted at the following prices:—

Twenty Words and under	-	-	0 2 6
One-eighth of a Page	-	-	0 5 0
Quarter of a Page	-	-	0 9 0
Half of a Page	-	-	0 17 0

Special arrangements may be made for a series of insertion.

All communications for insertion must be written on one side of the paper only, with a space in the left hand margin, and addressed to us, at the Porter's Lodge, Guy's Hospital.

We reserve the right of omitting any communication that may be received by us.

Printed for the Proprietors by ORLANDO GIBBS BRIMMER, of 104, Borough High Street, Southwark, Surrey.—Tuesday, October 1, 1872.

Guy's Hospital Gazette

The Editors

Oct. 1872-Aug. 1873	T. C. Jones
Oct. 1872-Oct. 1873	H. Clarke
Oct. 1872-Apr. 1874	E. O. Giblin
Oct. 1873-June 1874	F. T. Paul
Apr. 1874-Oct. 1874	J. Utting
June 1874-Oct. 1874	A. Piggott
June 1874-Oct. 1874	A. M. Turner
June 1874-Oct. 1874	I. H. Poland
Oct. 1874-July 1880	The Presidents of the Physical Society
Issue of *Gazette* suspended for 6½ years	
Jan. 1887-June 1887	W. L. Braddon
June 1887-Dec. 1887	C. J. Whitby
Jan. 1888-July 1888	G. Bellingham Smith
Aug. 1888-Dec. 1888	H. J. Campbell
Jan. 1891-Dec. 1892	A. S. Wohlmann
Jan. 1891-Dec. 1892	G. Mackeson
Dec. 1892-June 1894	F. Gowland Hopkins
July 1894-Aug. 1895	H. J. Spon
Aug. 1895-Apr. 1896	C. H. Fagge
May 1896-Sept. 1897	F. E. Fremantle
Sept. 1897-July 1898	F. E. Walker
July 1898-Dec. 1899	H. L. Eason
Jan. 1900-Dec. 1900	S. Hodgson
Jan. 1901-Mar. 1901	L. E. Stamm
Apr. 1901-July 1901	F. G. Gibson
July 1901-July 1902	D. G. Greenfield
July 1902-Oct. 1902	A. Pearson
Oct. 1902-Oct. 1903	J. M. Brydone
Oct. 1903-May 1905	R. Edridge
June 1905-Dec. 1905	F. W. M. Palmer
Jan. 1906-Mar. 1906	H. C. Cameron
Apr. 1906-June 1907	C. F. L. Leipoldt
June 1907-Jan. 1908	M. E. Ball
Jan. 1908-Nov. 1908	L. Mandel
Dec. 1908-May 1911	A. N. Cox
June 1911-Aug. 1912	E. G. Slesinger
Aug. 1912-Jan. 1913	J. A. Ryle
Jan. 1913-Apr. 1913	F. G. L. Scott
May 1913-Oct. 1914	G. T. Mullally
Oct. 1914-June 1915	W. E. Tanner
July 1915-Jan. 1916	G. N. Glover
Jan. 1916-Oct. 1916	F. A. Knott
Nov. 1916-Oct. 1917	J. J. Conybeare
Nov. 1917-June 1918	J. Joffe
Oct. 1917-July 1919	G. B. Dowling
Jan. 1919-July 1919	G. P. Lindsay
July 1919-Feb. 1920	J. V. C. Braithwaite
Feb. 1920-Dec. 1920	M. Maizels
Jan. 1921-May 1921	M. E. Shaw
Apr. 1921-Dec. 1921	A. T. Rogers
Jan. 1922-Dec. 1922	J. A. Currie
Jan. 1923-Apr. 1924	C. H. C. Toussaint
May 1924-Aug. 1925	L. G. Housden
Sept. 1925-Nov. 1925	C. R. E. Freezer
Nov. 1925-Nov. 1926	C. P. Blacker
Nov. 1925-Jan. 1926	S. V. Strong
Feb. 1926-Nov. 1926	C. L. Worthington
Nov. 1926-Aug. 1927	P. F. S. Court
Aug. 1927-Feb. 1928	G. M. Housden
Feb. 1928-Sept. 1929	O. Plowright
Feb. 1928-Sept. 1929	E. T. Conybeare
Sept. 1929-Sept. 1930	J. B. Blaikley
Jan. 1930-June 1931	P. M. F. Bishop
Sept. 1930-Aug. 1931	P. V. Reading
July 1931-June 1932	J. S. Batchelor
Aug. 1931-Aug. 1932	G. A. M. Lintott
July 1932-Mar. 1933	E. Sharp
Sept. 1932-Oct. 1933	M. J. F. McArdle
Apr. 1933-Mar. 1934	C. G. Baker
Nov. 1933-June 1934	G. L. B. Thurston
Apr. 1934-May 1935	D. P. King
June 1934-June 1936	P. W. Clarkson
May 1935-Jan. 1937	M. A. Partridge
July 1936-Oct. 1937	A. G. W. Hill
Jan. 1937-Sept. 1938	H. B. O. Cardew
Oct. 1937-Mar. 1939	C. H. Edwards
Sept. 1938-Feb. 1939	W. E. Young
Feb. 1939-Dec. 1939	W. D. Brinton
Apr. 1939-Feb. 1940	E. B. G. Reeve
Dec. 1939-Apr. 1940	H. F. Lunn
Feb. 1940-Apr. 1942	N. A. Neville
Apr. 1940-Jan. 1942	B. S. Leibel
Feb. 1942-Aug. 1942	H. F. Osmond
Feb. 1942-Oct. 1942	P. L. Masters
Aug. 1942-Jan. 1943	H. B. F. Ordish
Oct. 1942-May 1943	P. F. E. Brown
May 1943-Aug. 1943	J. O. Laws
May 1943-Nov. 1943	R. R. Burn
Aug. 1943-Aug. 1944	D. R. Saunders
Nov. 1943-Jan. 1945	J. M. Benstead
Aug. 1944-Aug. 1945	J. D. L. Reinhold
Aug. 1945-Nov. 1945	M. G. Thorne
Nov. 1945-June 1946	J. M. Hall
Nov. 1945-Sept. 1946	R. H. N. Long
June 1946-Aug. 1946	J. E. Blundell

Aug. 1946-Dec. 1946	R. T. Hinde
Sept. 1946-Nov. 1947	D. H. Forsdick
Jan. 1947-Sept. 1949	H. A. Ripman
Dec. 1947-Nov. 1948	R. A. Keable-Elliott
Nov. 1948-Apr. 1952	R. Goulding
Sept. 1949-Sept. 1952	P. A. Zorab
Apr. 1952-June 1955	E. E. D. Tomlin
Sept. 1952-June 1955	R. D. Wilson
Feb. 1953-Mar. 1957	D. S. Boulter
June 1955-Aug. 1957	T. W. Hoskins
Apr. 1957-Dec. 1957	P. M. E. Drury
Aug. 1957-Mar. 1960	J. A. Wall
Jan. 1958-Aug. 1958	T. R. Cullinan
Aug. 1958-Nov. 1960	D. N. Landon
Mar. 1960-Aug. 1961	S. R. Meadow
Nov. 1960-May 1962	R. A. Sells
Sept. 1961-Dec. 1962	D. J. P. Barker
May 1962-Dec. 1963	G. Reeves
Dec. 1962-June 1963	S. Wood
June 1963-Sept. 1963	I. Baker
Sept. 1963-Nov. 1964	T. C. Davis
Dec. 1963-May 1965	B. M. Hicks
Feb. 1964-Sept. 1965	P. Bowden
May 1965-May 1966	A. E. Raynes
Nov. 1966-Jan. 1967	M. F. D'Souta
May 1966-Nov. 1967	D. S. Robins
Jan. 1967-Dec. 1968	C. Brown
Nov. 1967-Nov. 1969	P. Davenport
Dec. 1968-May 1969	G. B. Hey
May 1969-Aug. 1970	R. G. Trompeter
Nov. 1969-Dec. 1970	G. M. Kilpatrick
Aug. 1970-Aug. 1971	N. D. S. Bax
Jan. 1971-May 1972	A. M. Turner
Nov. 1971-Jan. 1972	J. L. Lewis
Jan. 1972-July 1972	Miss B. M. Orr
July 1972-	T. B. Barnes
July 1972-	I. H. Dodd

Authors Produced by Guy's Hospital

Dr. R. E. Smith

A brief account of some of the authors Guy's has produced seems to be an appropriate article for the Centenary Number. The first author I encountered was Grant Massie when I was a junior dresser in 1924. His book " Surgical Anatomy " was what one would expect from an inspiring teacher. He had just returned from a year at the Mayo Clinic and rattled off the names of their surgeons who had modified operations for peptic ulcer. As a second three months medical ward clerk I came under the influence of John Ryle and it is difficult to write about him without emotion. His "Natural History of Disease" may be a little out-dated and perhaps he, who later wrote "Changing Disciples" would be more than willing to admit it. When I eventually became his registrar in 1930 he asked me to collect the hospital cases of streptococcal septicaemia to supplement those he had seen in private practice. He was the only physician I know who was able to write a series of papers based on his private practice. Ryle's papers on Typhoid, Staphylococcal, Streptococcal and Pneumococcal infections gave physicians a chance to improve the prognosis of the dread "septicaemias". Although he pooh-poohed useless therapy like mercurochrome, he used the sulphonamides as soon as they were available. Ryle's teaching was simple, based on a meticulous history taking and examination. He often said that a

range of normals should be worked out for every new test whether it be radiological or chemical.

I was house physician to Herbert French and Geoffrey Marshall in 1926–7. French's "Differential Diagnosis of Main Symptoms" was a composite effort, the majority of the authors being Guy's men. Herbert French attributed his ability to his having seen all the medical emergencies admitted to Guy's for seven years. He gave the first description of Loeffler's syndrome published in G.H.G. in 1906. His clinical flair is illustrated by a patient who made an indelible impression on me. She was an elderly lady who was operated in minor ops. for a "sebaceous cyst". She collapsed under the anaesthetic and the "clinical" and the H.P. saw her. The "clinical" admitted her under H.F. with a diagnosis of syphilis, based on her enormous liver and spleen. He diagnosed also bronchiectasis. All his fellow "clinicals" laughed at these far-fetched diagnoses but the W.R. came back ++++. Furthermore microscopy of the lump showed it to be a gumma. Herbert French saw this patient at his next visit. He put the two diagnoses into one: syphilitic stenosis of the bronchus, syphilitic liver and spleen. He then asked for an ophthalmoscope and demonstrated a "beautiful" salt and pepper retinitis. But what was equally astonishing was the reaction to treatment. The patient was given a mixture of potassium iodide and mercury perchloride. In a few days this caused severe respiratory distress and complete occlusion of the bronchi. I was all for stopping the treatment but H.F. said press on because the trouble was due to the iodine which would be dissolved in the potassium iodine. In three more days all her symptoms and signs disappeared. He is one of the few physicians who retired before he reached the age of 60.

Although Sir Geoffrey Marshall did not write a book he conceived the idea of a comprehensive textbook on chest diseases and this was published in 1952 with himself and Dr. Kenneth Perry as editors. He realised in 1961 that this was out-of-date and persuaded Dr. Kenneth Perry and Sir Thomas Holmes Sellors to produce a second edition.

In the academic year 1927/8 I went to Philadelphia. Here I came once more under the influence of authors. I worked for the great Eugene Opie whose book on the pancreas is a classic and who I think holds the record for span of published papers 1898–1969; H. R. M. Landis, whose hero was Austin Flint, was the first to interest me in medical history. He and George Norris were the authors of "Diseases of the Chest". I attended Norris's rounds at the Pennsylvania Hospital. Here also was Thomas McCrae, joint author of the 1920 edition of Osler's textbook. These were not Guy's men and I must return to my theme.

The most prolific writer was Hector Charles Cameron who wrote Diseases of Children (a short introduction); Joseph Lister, a friend of man; The last of Alchemists; Locke, the Philosopher and The Education of Children; Mr. Guy's Hospital; Sir Joseph Banks, KB, FRS; The Nervous Child; and the sequel The Nervous Child at School.

He used to relate how in his childhood he read "Katie" which

he thoroughly enjoyed but he thought the sequel "Katie At School" was very dull. He used to say he thought readers of "The Nervous Child" had the same impression of his sequel. Hector Cameron was a great raconteur and although I heard the following story several times I always enjoyed it.

Hector Cameron was fishing in Scotland when the conversation went as follows:

Gillie: "You are not the son of Sir Hector?"
H.C.C.: "As a matter of fact I am."
Gillie: "Oh, I shall never forget the kindness of Sir Hector to my father." (Long pause)
H.C.C.: "What happened?"
Gillie: "Oh, my father was terribly ill and Sir Hector came to see him at his house. Oh, I shall never forget the kindness of Sir Hector to my father." (Long pause)
H.C.C.: "What happened then?"
Gillie: "Oh, he said he must go to the Infirmary straight away for an operation and I shall never forget the kindness of Sir Hector to my father." (Long pause)
H.C.C.: "What next?"
Gillie: "Sir Hector went to the Infirmary and operated on my father himself. Oh, I shall never forget the kindness of Sir Hector to my father." (Long pause)
H.C.C.: "Well, what was the result?"
Gillie: "Oh, he died of the most terrible agony five days later. Oh, I shall never forget the kindness of Sir Hector to my father."

Another author who I greatly admire is Sir Charles Symonds whose book "Studies in Neurology" really brings back most pleasant memories of his teaching especially as I referred some of the cases in his book. He gave me the first fee I ever earned. On a Saturday morning after out-patients he asked me if I was doing anything that afternoon and as I was not he took me along while he injected a Gasserian ganglion, my job being to hold a skull parallel to the patient's head so that he could direct the needle into the patient's trigeminal nerve and alleviate her intractible neuralgia. The guinea was very welcome and we returned to his consulting room where we had tea. Later he was to see schoolboys that I referred to him from Rugby School where I had the pleasure of seeing after his four sons.

Sir Charles Symonds was a great admirer of Sir Arthur Hurst to whom I was registrar in 1930. In those days there were only two medical registrars and soon after I left Guy's the former number of four was re-instituted and now they have multiplied considerably. Hurst was a prolific writer and his editorship of the Guy's Hospital Reports has been commented on appropriately in the Reports. His book on "Constipation and Allied Disorders" make me picture up a photograph he used to illustrate a lecture on "Dyschezia". It was of a pyramid of empty bottles piled high to demonstrate the enormity of purgatives used by one patient. In addition Hurst published his Goulstonian Lectures on the sensibility of the alimentary canal in 1907; Medical diseases of the war, 1917; his Croonian Lectures on

the psychology of the special senses and their functional disorders, 1920; Essays and addresses on digestive and nervous diseases and on Addison's anaemia and asthma, 1924; Constitutional factors in disease, 1927; and in 1940 the medical diseases of war, written with the co-operation of H. W. Barber, to whom I was house physician in 1927. His last book was "A Twentieth Century Physician", 1949, which I find myself continually re-reading. We are grateful to John Ryle who saw it through the press shortly after the death of Hurst. Here he gives a delightful picture of Guy's at the beginning of the century and the end of the book brings back very happy memories especially of the Bright Centenary. I was house physician at the time but I felt it a great honour to be in the lecture theatre and see Ludwig Aschoff of Freiberg, Professor Lemierre who had come as Widal's representative from Paris, Professor W. S. Thayer from Johns Hopkins and Sir John Rose Bradford, P.R.C.P., who three weeks later said to me those most delightful words "I, John Rose Bradford, President, admit thee a member of this College". Lord Balfour, as chairman of the Medical Research Council, presided and in his speech said "Without pure science it is impossible to have applied science". Everybody present thought he really had an outstanding personality and was just as happy with famous doctors as he was with cabinet ministers.

I never worked for E. P. Poulton whose textbook was almost a single-handed task, nor for J. J. Conybeare whose small book on "Diabetes" I still have. I also read the proof of the second edition of his textbook. Nevertheless I owe both a great debt in helping me to get the post as medical officer to Rugby School where they were both educated. I have not included people who were junior to me.

I often quote two of John Ryle's dicta, the first of which is in the preface to his "Natural History of Disease" that "The frequent perusal of well-kept notes is the basis of clinical education" and the second is that "Research fertilises teaching". I think it would be equally true to say that one of the reasons the teaching at Guy's has always been of a very high standard is that many of the staff are capable of analysing their experiences, then transmitting them to print so that their influence extends beyond the boundary of the hospital.

The Guild of Ex-Patients and Friends of Guy's Hospital wish to congratulate the *Gazette* on their centenary.

Congratulations to Guy's Hospital Gazette in its Centenary Year from Boehringer Ingelheim Limited makers of:

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Guy's Hospital 1936-72

J. B. Blaikley, Superintendent, Guy's Hospital 1958-66

It is interesting for me to review briefly the years since last the *Gazette* published a special number in December, 1936, years during which I have been active in responsible positions, and I hope to interest my readers. These years have been packed with problems, a variety of difficulties and much achievement, also inevitably some disappointments.

To return to 1936, when Viscount Goschen, a former Treasurer, became President of Guy's, the hospital faced serious continuing financial difficulty, and an appeal was launched for £500,000; the main items listed were the reconstruction of the surgical block, Guy's House, and the reduction of a rapidly growing debt. Lord Nuffield, Treasurer since 1935, promised £80,000 for an extension of the nurses' home if the appeal was well supported. This part of the home is known as the "Nuffield Nurses' Home". During the year the executors of Mr. Caleb Diplock had given £20,000 to provide proper in-patient accommodation for children, and two wards were subsequently extensively reconstructed and equipped to form Caleb and Diplock much as we know them today.

In 1937 the York Trust gave £43,000 for the erection of a new building for patients of moderate means requiring admission for psychiatric treatment, and thus was born the York Clinic which could not be used for its proper purpose until after the last World War. Sir Cooper Perry, who had done so much for Guy's as Superintendent, and had been largely responsible for the reform of medical education in this country, and with Sir Alfred Fripp, the extensive reorganisation of the Army Medical Services before the first World War, resigned his position as a Governor after 50 years of service to Guy's. Professor T. B. Johnston succeeded Mr. (later Sir) Herbert Eason as Superintendent. Most important of all, probably, for the future, was the appointment of Mr. Bertie Lees Read as Clerk; he was a man of immense energy and drive, with a shrewd financial brain, and it was mainly due to him that the government of the day paid the teaching hospitals sufficiently well for their services during the war, so that they did not financially founder during those years. It was thanks to his foresight, and that of Mr. John E. Humphrey, Treasurer in 1944 and 1945, that the vacant sites, not belonging to Guy's, which were situated east of Maze Pond, were bought up at relatively little cost, as the buildings on them were destroyed by bombs. It was really thanks to his energy that plans for rebuilding Guy's after the war came to fruition when they did.

When the Ministry of Health discarded a comprehensive plan for total rebuilding in 1954 and granted permission for a new surgical block, no time was wasted so that in October, 1957, new detailed plans were more or less completed, and work commenced for the erection of New Guy's House towards the cost of which the Hospital Endowment Fund contributed £500,000 including a generous gift of

£250,000 made for this purpose by Lord Nuffield, at an earlier date. The total cost was just over £2¼ million.

However, I am anticipating events, for in 1938 the pathology building attached to the Medical School was completed and opened, before the storm broke and Guy's was engulfed in the war. The country's plans for Emergency Hospital and Medical Services were immediately put into effect and Guy's became the key hospital for Sector 10, i.e. South-East England, with the E.M.S. Headquarters at Orpington, where the principal sector officers, Professor Johnston, aided by Dr. A. C. Hampson, Mr. Lees Read and Miss Emily MacManus (the Matron) took up residence. Guy's patients and staff were dispersed, mainly to Pembury, Farnborough and Orpington while the Medical School was focused on Pembury, though teaching was carried on at all the hospitals, including Guy's itself, which continued to function throughout the war with only 335 beds (200 reserved for air-raid casualties, who were transferred after the necessary immediate treatment to the base hospitals). The first air-raids commenced on September 7th and soon became a nightly occurrence; the first instalment of night-time bombing lasted 90 consecutive nights and kept Guy's very busy at times, but not a lot of damage was done to the buildings, until the big incendiary raids of May, 1941, when fire destroyed the East Wing of Guy's House and also the roof and upper floor of Hunt's House.

At the end of the war, the many Guy's staff, some quite senior, returned from the Forces, and slowly things got back to normal. However, at first the bed complement was much reduced and some departments operated from Orpington and later New Cross and St. Olave's Hospitals, until such time as the extensive structural repairs could be completed.

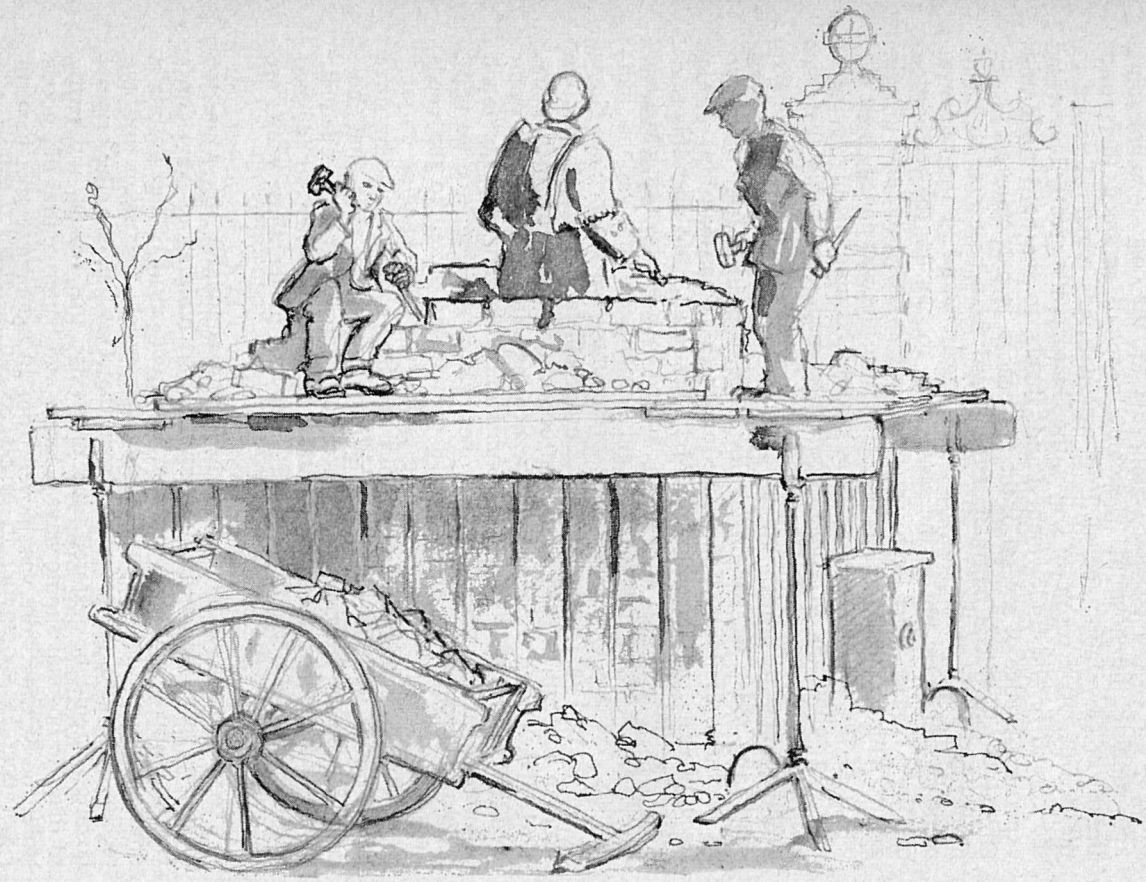
The post-war years were soon marked by the formation of new special departments, e.g. Endocrinology with the appointment of Dr. P. M. F. Bishop, Cardiology with Dr. J. M. H. Campbell, until then one of the general physicians, taking charge, and Thoracic Surgery with Mr. R. C. (now Lord) Brock becoming a whole-time specialist and leaving general surgery. The last-named established cardiac surgery in this country, and all three men and their departments soon became well known not only here, but abroad, as did the Guy's-Maudsley neuro-surgical department when it was established with the appointment of Mr. Murray Falconer to the staff in 1953. A department of Child Guidance, soon to become Child Psychiatry, was re-established with the appointment of Dr. Gerard Vaughan. Further there was a gradual but continuous expansion of many other specialist departments, e.g. pathology, anaesthetics, radiotherapy, and diagnostic radiology, really because the last quarter of a century has been marked by rapidly increasing complexity of medical knowledge which can only be adequately used by increasing specialisation.

Research, also, has blossomed at Guy's, as elsewhere; it has been vigorously fostered by the Board of Governors following an initial request by the Dean, Dr. E. R. (later Sir Rowan) Boland. The Board, for a start, granted the School £15,000 p.a. for five years, commencing in 1950. It has since been increased more than once,

and in 1971 the total grant from the Endowment Fund stood at £50,000.

All this increasing activity, together with structural improvements, has been made possible by the National Health Service Act which was implemented in April, 1948; as a result of this Act the Ministry of Health became responsible for the cost of maintaining and running the hospital. Teaching hospitals retained their own Boards of Governors, and all Endowment Funds remained vested in the Boards. As a result, at Guy's, the Board, while greatly increasing the capital of the Endowment Fund, thanks to the hard work and expert knowledge of several of the Governors, in particular Mr. A. E. Orchard-Lisle, Vice Chairman of the Board, have been able to spend money not only in the promotion of research and in the improvement of amenities, but at the same time, to pay for the restoration of Guy's House, apart from war damage compensation, and to help greatly with new building. It has, ever since the war ended, been the object of the Board, that the Fund should be used mainly to assist with the rebuilding of Guy's, since it seemed improbable that the Ministry of Health (now Department of Health and Social Security) would be able to provide all the money required in the next several years, and today we see this policy steadily bearing fruit thanks to an energetic Building Committee under the Chairmanship of Mr. Orchard-Lisle, ably backed by Mr. Lees-Read, and then his successor in 1961, Mr. A. H. Burfoot, helped by a hardworking Medical Building Committee and many sub-committees and various individuals. As has been stated, the preliminary work for New Guy's House started in October, 1957. Lord Nuffield laid the foundation stone in September, 1958, and construction was completed in January, 1961. The Queen came to visit the new building, when it was occupied, in July, 1971. It was a remarkable occasion, and she much admired what she saw; the light, open wards, with well-spaced beds, built in the shape of an "L" have proved well-suited to the needs of patients. With a wash-basin to every two beds, hanging curtains for use when necessary, and various ancillary rooms, including three single rooms to each ward, few patients are not at ease, and most comment on the interest of an open ward and feel there is adequate privacy. Most appreciate being able to hob nob when so inclined and they help one another in various ways. Further, these wards are easy to nurse.

While the main interest, perhaps understandably, for some ten to twelve years, had been the planning and building of New Guy's House, those in authority had not been neglectful of the hospital's other needs. It had been decided after much discussion and the receipt of varying professional advice, that Guy's House, the original hospital, should be restored, and partly for this reason and partly so that the hospital should have a larger and better central dry goods store, the existing store was moved from an inadequate area beneath Guy's House to the basement of Hunt's House with a receiving bay for goods opening to Maze Pond. This meant a considerable excavation around the foundations of Hunt's House and moving calorifiers and hot pipes, but in the end adequate new accommodation was



"Into the Light"—V.E. day, 1945.

provided. Also, now was the time to centralise diagnostic radiology and this was done by enclosing much of the old waiting hall for out-patients, so that the surgical X-ray equipment could be installed adjacent to the medical X-ray, and at the same time it was possible to enlarge and modernise the department.

Before embarking on the reconstruction of Guy's House, and its conversion to its present uses, it was first necessary to empty Hunt's House so that the temporary wooden central staircase could be replaced by a permanent structure. The temporary one had been built by the Works Department when the original had been destroyed by two small bombs early in the war. Accordingly only nine wards in New Guy's House were at first occupied by surgical patients, the remaining five became medical wards, as did those wards in Guy's House which were still usable. The opportunity was taken, while Hunt's House was empty, not only to rebuild the staircase, but to effect what small improvements were then possible in the wards, and to redecorate and to install a more modern lift. While other improvements are shortly to be undertaken, a new medical building of modern design (also new out-patient accommodation) remains something that must be built as soon as possible so that the hospital will be completely rebuilt on the site of Maze Pond and will function as intended.

While most finally agreed that Guy's House should be restored, much credit must be given to Dr. Boland for his persistence that this must be so. No one now regrets the decision and it is of great value to Guy's that its main entrance and handsome old buildings remain to grace the hospital and the borough and to remind us of its proud past. The restoration work followed immediately on completion of the work in Hunt's House and the return of all the medical patients to that building.

When Guy's House was completed in September, 1964, most of the ground floor, apart from the East Wing, was once more occupied by the Counting House, Matron's Offices, and the Superintendent's Offices; in addition Guy's had a handsome new boardroom, though nothing could quite replace the old Court Room in the totally destroyed East Wing. The new East Wing houses the Students' Club and quarters for resident house-officers. Where once there were surgical wards, there are now comfortable bed-sitting rooms for a goodly number of senior nursing staff.

Meantime other changes had been taking place; the financial year ending 31st March, 1962, was a busy one and altogether £200,000 was spent on various capital schemes which were awaiting implementation. An unexpected windfall from the Ministry of Health made much of this possible in addition to the main items mentioned—the new dry goods store and the centralisation of diagnostic radiology. Much of the top floor of Hunt's House was converted to form the principal accommodation for the Department of Experimental Medicine. Casualty having transferred to the ground floor of New Guy's House, it was possible to use that area adjacent to Out-Patients and to redesign the older part of Out-Patients, but only the re-housing of the V.D. Clinics could proceed at once, the

rest was completed in the two subsequent years. The obstetric wards and labour rooms were improved and a premature baby unit formed. The growing School of Nursing was extended with the erection of a large hut adjacent to the York Clinic.

In 1963, half of Cornelius Ward was converted into an intensive care unit, the recovery unit on the theatre floor having proved inadequate. Guy's also became the National Poisons Information Centre as well as being the Regional Poisons Centre. In September, 1964, a Geriatric Unit was instituted with beds at New Cross Hospital and in addition it is now a geriatric day hospital for those who need outpatient treatment but can live at home. Dr. Rosin was appointed Geriatric Physician to Guy's and New Cross. Already a good Physical Medicine and Rehabilitation Unit had been built up by Dr. Kendall at New Cross and this is now named the Hume Kendall Unit in memory of Dr. Kendall who died young.

1965 saw a momentous event for Guy's and the neighbourhood: the transfer of St. Olave's Hospital, New Cross Hospital and the Dunoran House, which is a special home for the younger chronic sick. As a result of discussions with the South East Metropolitan Regional Hospital Board, and with the willing agreement of that Board, the Management Committees concerned were designated, by the Department of Health, as responsible to the Guy's Board of Governors. At all times, for many years now, the Regional Board has co-operated with Guy's and been very helpful, largely thanks to Dr. James Fairlie, former S.A.M.O., who well understands the needs and problems of an undergraduate teaching hospital. He remains a valuable member of the Guy's Board. The arguments that led to this step were that it was considered to be to the advantage of the local population that the Guy's Group of Hospitals, including the Evelina (part of Guy's since 1948) as well as the above-mentioned, should be responsible for giving a complete district service, also that an undergraduate hospital should have access to about 1,400 beds for teaching. Much money has now been spent on various improvements, and the teaching of medical students is carried out in all of them. The administration is centralised, but to some extent each hospital still retains its individuality. The consultant staffs and nursing staffs, and the Schools of Nursing, are now fully integrated with the Guy's staffs and School.

At this point in my narrative I should refer to three men who have not been mentioned and who gave unstinted and valuable service to Guy's over a long period of time, and in particular did a great deal to rehabilitate Guy's Hospital after the war. The first is Lord Cunliffe who had been a Governor since 1932, Chairman of Committees when Lord Nuffield was Treasurer, and when he came back from active service with the R.A.F., he had been made Treasurer in 1948. He was devoted to Guy's, spent much of his time in the hospital, and was intimately acquainted with all its problems. He had a shrewd brain and was almost daily to be seen around until his death in November, 1963. He was succeeded by Mr. E. G. Slesinger, who as surgeon, Chairman of the Medical Committee and also of the School Council, Governor, and then Vice-Chairman of the Board, had also

given freely of his time and worked hard at Guy's many problems. Lastly, Mr. W. D. Doherty, who succeeded Professor T. B. Johnston as Superintendent in 1948, for ten years contributed much not only in the day-to day affairs of the hospital at a most difficult time, but also in respect of preparation for the future. His advice carried great weight and he was much respected by the Governors and all grades of staff.

On 1st June, 1965, it would be true to say that Guy's was fortunate yet again, for then Lord Robens became Chairman of the Board of Governors and he has brought to bear his remarkable capacity for clarity of thought, and his intense vigour, to help Guy's on the long hard road into the future, where we all hope it will continue to lead and inspire men and women alike to still greater service to those who are ill.

I find that in this brief review of the last 35 years, there are a number of developments that I have omitted to mention. In the 1950's and early 60's the Central kitchen premises were entirely redesigned and rebuilt in the basement of the North Wing of Hunt's House and in 1966 the special diet kitchen was redesigned and much improved. The introduction of an academic unit in surgery in 1961 (Sir Hedley Atkins was the first Professor), and of one in Medicine in 1963 (W. J. H. Butterfield was the first Professor), affected the organisation of the hospital and helped promote various developments, e.g., the Breast Clinic (though started before the war in a small way and re-started in 1946), became a much bigger concern and is centred in good accommodation at New Cross Hospital. A Hospital Department of Physics, started in a small way in 1958, but really launched in 1962 when Dr. H. K. Taylor was appointed, now plays an important role in several departments other than radiotherapy. It will shortly move into a new low building now under construction to the South of New Guy's House. This building will house Physics on the lower ground floor in laboratories to be known as the Cunliffe Laboratories, and on the ground floor a new department, that of Nuclear Medicine. Guy's was designated in 1971 as a centre with regional responsibility for nuclear medicine, and the appointment of a physician to take charge will shortly be made.

Another important development has been the formation of a Renal Unit, now five years old, the main unit being that for haemodialysis in Bostock House, a new building specially constructed for this purpose, adjacent to New Guy's House. This unit plays a prominent part in this progressive branch of medicine. Guy's has been designated as one of the few centres to do renal transplants, and this aspect of the work is steadily growing.

Cardiology is a department that has been handicapped by lack of space, but recently it has been able to develop and while Dr. Deuchar has promoted ballistocardiography for several years, and with the opening of New Guy's House, specialised cinematography X-ray equipment was installed, for the investigation of cardiac patients. Dr. Sowton, who was appointed when Dr. Baker died, has established a centre for the insertion of pacemakers, which is now the largest in the country.

Mr. Douek, who was in recent years, appointed as Otologist, is busy developing the surgery of the semicircular canals in the treatment of Menière's syndrome. Professor McColl, who succeeded to the Chair of Surgery, has several interests, but in particular he has made Guy's a centre for gastroenterology. Professor Lessof who is now Professor of Medicine, continues to work in the field of endocrinology and immunology, but has many other interests, while Dr. Harry Keen, who works in the Department of Medicine, has been made Professor of Human Metabolism, a field which was originally one of the interests of Professor Butterfield, who left Guy's recently to become Vice-Chancellor of Nottingham University.

In association with the Department of Anaesthetics, there is an active respiratory function unit, which proved necessary as a result really of the development of thoracic surgery and the setting up of an intensive care unit. Later a medical intensive care unit was formed, mainly for bad cases of coronary thrombosis.

Further, Guy's has a pioneer unit for the assessment of handicapped children which is directed by Dr. MacKeith. Professor Polani's department of Paediatric Research, established with the financial help of the Spastics Society and now 12 years old, and Dr. Fraser Roberts, the geneticist, also help Guy's give a better service to children and prospective parents, especially in the field of congenital and developmental disorders. Some ten years ago a cytology laboratory was started, originally to assist the gynaecological department in the detection of pre-cancerous conditions, but it has steadily grown and now does work for other as well and also for the local borough.

The building of the new surgical block gave the opportunity to modernise and re-organise theatre work, and also to start a complete central sterile supply service for the hospital. In the planning of theatres, the hospital owed much to Dr. P. J. Helliwell, the present Superintendent, and also to Miss Laws (now Mrs. P. J. Helliwell), then theatre superintendent. Dr. Helliwell was largely responsible also for the planning of the central sterile supply department, and he and Mr. Newman, the first manager, got it through its teething troubles, so that it became efficient and well organised. It was one of the early pioneer departments.

Further, I should mention that Guy's now has a unit for plastic surgery, and another for vascular surgery.

Mr. Instone Bloomfield, who gave money to build the Bloomfield Clinic for out-patient child psychiatry, has made a further gift to establish a training centre for children with learning difficulties. This is a research project and will be housed in the extension of Newcomen House that will be built on the site of the Newcomen school through the generosity of the Newcomen Trust. Here will be an audiology centre for children equipped with money from the Inner London Education Authority, also a new infant welfare centre to replace that at present in Salomons Centre, and an infant crêche. Again in the near future it is hoped to replace Nuffield House with a larger modern building through the generosity of Sir Leslie Grade and others. The Dunoran Home has been mentioned and before long this will be enlarged from 35 to 70 beds.

Little has been said about nursing developments, but arising out of the shortened hours of work, and the consequent shortage of nurses, there is at present a trial being carried out at St. Olave's Hospital of progressive patient care which may well lead to changes elsewhere at Guy's. This article is already long and it would be better, I am sure, to leave an account of the many changes in nursing practice over recent years to another article by a different pen.

It has not been possible in an article of this length, to include an account of all the changes made at Guy's since 1945, or to mention by name all those who have contributed to them. Many specialist clinical departments have grown in size and importance; all pathology services have greatly changed and expanded and many new investigations are now carried out. The blood transfusion unit, now in New Guy's House, is increasingly busy and Dr. Stoddart has introduced modern techniques.

A word should be said about the Guy's-Johns Hopkins exchange, by which two Guy's consultants visit Baltimore each year, and two from the Hopkins come to Guy's. The original idea was conceived by Sir Rowan Boland and Dr. Perrin Long of Johns Hopkins. On this side of the Atlantic the Clothworkers Company have very generously given the money to make it possible for Guy's men, and their wives to go on this valuable visit. Over the years the scheme has proved very fruitful in promoting the exchange of knowledge and also goodwill between the two institutions; for example in 1947, the year the exchange first operated, Dr. Alfred Blalock came to Guy's and performed the first Blalock-Taussig operation for Fallot's Tetralogy, a serious congenital defect of the heart causing "Blue Babies", in this country, and in the following year, Lord Brock visited the Johns Hopkins and performed the first mitral valvotomy operations to be carried out in the U.S.A.

It will be seen that Guy's has not been dragging its feet, and with the opening of the Tower, scheduled for the Autumn of 1973 until the recent builders strike took effect, it will no doubt start a new phase of activity. For one thing, rebuilding. Phase 3, the final phase, will, we hope, very soon get under way, or at least detailed planning for it. In April, 1974, there is to be, as every one should know, a complete re-organisation of the health service throughout the country. Guy's along with all other teaching hospitals, is to lose its board of governors, which is directly responsible to the Minister of Health and Social Security, and with it men who have given so much time, energy and expertise to the Hospital over the years. It will be managed by a small committee, only remotely responsible to the Minister and his Department. It is, therefore, not possible to foresee accurately what will be the future. However, there must continue to be a need for hospitals that not only are staffed and built to meet the needs of teaching and research, but also hospitals that lead, and it is to be hoped Guy's will continue to be one of them, and to maintain its great name and fame throughout the world.

"Reflections"

Dr. G. B. Dowling

Editor 1917-1919

The medicine of the time when I was the editor of the *Gazette* in 1918-19, was mainly that which had been developed to a notable extent at Guy's itself from Addison, Bright, Hodgkin and others down to Wilkes, who was spoken of as the last of the great morbid anatomists and who had died within the decade. The squalor and dire poverty of the Guy's district of the time were the cause of much illness, for example in dermatology, which is rarely seen in these days.

The clinical material was there in enormous quantity, as it always had been, and this was an asset of consuming interest to students of the time who tended to attach great importance to acquiring clinical sense, without necessarily succeeding.

Sir William Hale White was the outstanding Guy's physician, a great teacher with a commanding power of English and the warmest of personalities. A. P. Beddard also attracted a large following for various good reasons which included a physiological background and a powerful sense of the ridiculous. His audience hung on his words. Beddard was also the lecturer on Therapeutics and here again he drew full houses, just as in the wards. Concerning a large variety of drugs we were told at these lectures that we might take it from him that they were of no value whatsoever. His hearers liked to have their own views confirmed.

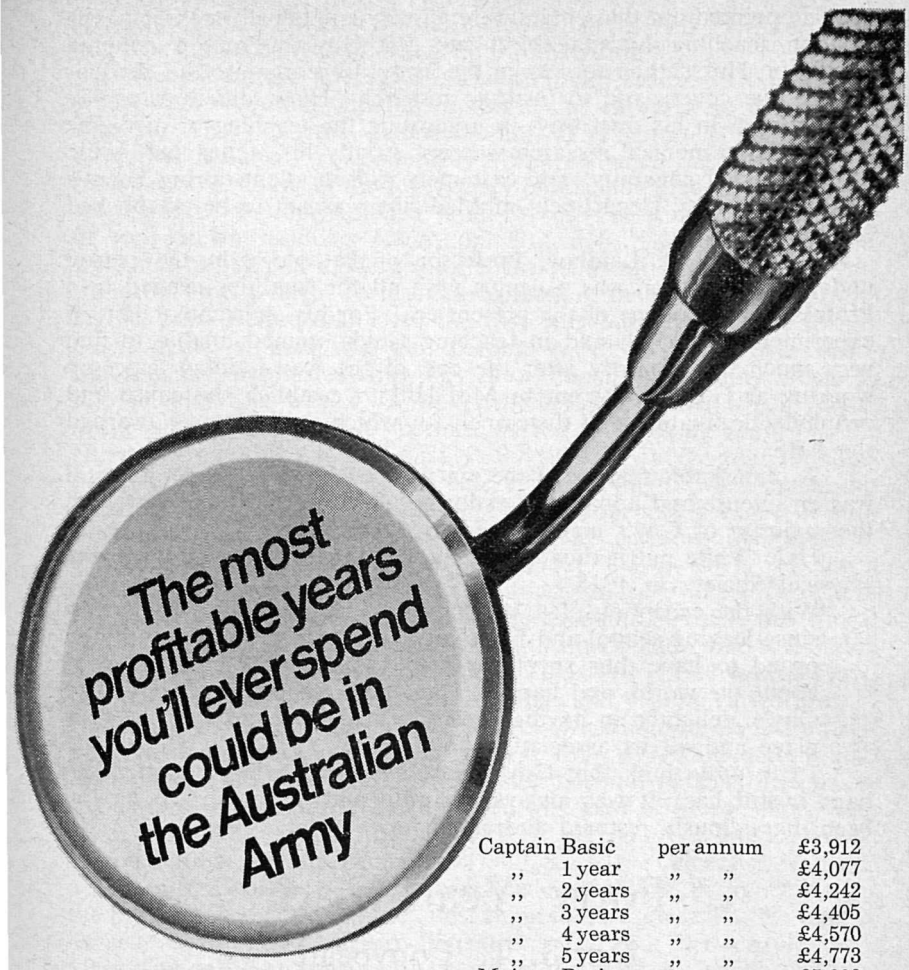
Of the two junior teachers of medicine in the wards of that day E. P. Poulton was not impressive at the bedside, being apparently unable to bring himself to the point of disagreeing with anyone, but as a researcher in the medical-physiological field he contributed strongly.

N. Mutch (Medical Registrar) guided us very well, though he was rather quiet and subdued about it.

The fact that for a very considerable area of disease very little of importance had been added to knowledge for many years was perfectly well recognised by all concerned and much thought was being given at the time on how to combat the vast deficiency. Only bacteriology was advancing and the new hypothesis of focal infection as the source of much obscure illness was to have a long innings. Lane's concept of colonic stasis was in the same area of hypothesis. No one at Guy's thought anything of this but the operating skill was much advanced.

Thus Poulton (1918) in the *Gazette* on the future of medical education.

> "The most serious criticism that has been brought against the teaching of the clinical period of study is the absence of university atmosphere, by which is meant that clinical medicine and surgery are not being taught by men who are actually engaged in research."



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He pointed out that chairs were already envisaged for three of the London teaching hospitals, but not for Guy's. Poulton counted largely on Hurst, then serving in the army, to reorganise the curriculum in due course and to institute research. Hurst did in fact play a great part, in his own way, in organising the teaching of medicine but academic medical research was not strictly his métier and, while the Guy's staff generally were extremely rich in talent during Hurst's day, a University Department of Medicine was not to be established for many a year.

In fact P. P. Laidlaw, Professor of Pathology in the period under consideration, was a genius with all the qualities needed in a Professor of Medicine of the present era. For his enormous talent in experimental research and in teaching Guy's seemed unable to find very much use. Shortly after the end of the war Laidlaw gave up working at Guy's and went to Mill Hill to establish the cause and prophylactic treatment of distemper, for which work he was awarded the FRS.

A remarkable feature of the era which I knew in Guy's hospital was an intense and apparently enduring affection for the place which the majority of Guy's men seemed to develop.

Hale White put it thus on his own account in an address to the Physical Society in 1918:

> "With the exception of a few months I have been at Guy's ever since leaving school and I am very glad, very fortunate and very proud to have thus spent my life. Hundreds of men scattered about the world, and happily I am one of them, are devoted to Guy's, delighted in having been educated in it and love the very place and all its associations."

I can only think that Guy's must have had a large heart. Perhaps it still has. It was always beautiful and it remains so having been marvellously restored and cared for.

Forty Years Back

Dr. G. T. Conybeare

Editor 1928-1929

The editorial Chair of the years midway between the two wars had become a two-seater that I occupied jointly, first with G. M. Housden (1927), then with Oliver Plowright (1928-29) and, finally with John Blaikley (1929). We edited altogether sixty-two issues at a time when the London undergraduate medical schools and teaching hospitals were extremely insular. Guy's kept up a sort of nodding acquaintance with St. Thomas's, who were our neighbours until about 1860 but, except for the annual rugby battles, the rest might have been planets in outer space. There was no N.H.S. so that housemen were unpaid and glad to get a room in College and food in lieu of "beer money" valued at about five shillings a day. There were no women students. The *Gazette* was more or less a parish magazine with a settled pattern of clinical lectures, blow by blow accounts of

sporting events, obituaries, lists of appointments and the like, which put it in grave danger of being unbearably dull.

We tried hard to enliven it with light verse, with humorous pieces and above all with illustrations. Our efforts were not without success. The unsigned *Pentastichs of Triptolemus* (1928, p. 497) were, for instance, a wonderfully witty statement in verse by the biologist T. J. Evans of the reactionary philosophy preached by Professor Pembrey the physiologist, and *Browser* in three prose profiles of well-known residents (1929, pp. 302, 316, 334) used a satirical style still popular in modern journalism. Illustrations were a *Gazette* tradition, chiefly in the form of caricatures of the consulting staff, but in the years before and after the first war Stanley Cock, a former Guy's dental student who had become a professional artist, contributed many humorous drawings of a *Punch*-like quality. One of his last and best was *A Home Truth* (1928, p. 227), which relates to an earth-shaking event—permission for a "smoking room" in the Nurses' Home (does it still exist?). By 1929, a vintage year for illustrations, we had found in the late Felix Tomlyn (who signed his drawings F.C.T.) an artist of exceptional talent and a range of subjects from caricature (1929, p. 177) to strip cartoons like those of Fougasse, for instance *The Dental Stance* (1928, p. 467). Being a dental student he was, however, at a disadvantage over caricatures of the medical or surgical staff and of the residents. About this time I met by accident an old school acquaintance who had come to London to earn a living as a commercial artist. This was H.F.H. whose drawing had a "Low" like economy of line and whose caricatures of resident and Junior staff in the *Physical Impossibilities* series, especially No. 1 and No. 3 (1929, pp. 93 and 135), were outstanding and, incidentally, the first occasions on which hospital personalities below the rank of consultant had been given this kind of prominence. Another outstanding caricature by H.F.H. was that of Mrs. Herbert Eason, wife of the Superintendent (1929, p. 267). The artist, who was a very rapid worker, was clearly baffled when Mrs. E. appeared for the pre-arranged sitting in the latest thing in "tea gowns". She readily agreed, however, to change into the smart but serviceable dark "tailor-made" that she usually wore in the Park by which she was better known and which was an absolute gift to a black and white artist. In this year also we published a very fine London News Agency action photograph of A. J. D. Lewis in the final of the Hospitals' Rugby Cup (*The Winning Try*, 1929, p. 140).

Looking back it seems that 1929, the year when the immediate post-first-war generation of Guy's men had just qualified and were about to settle down to their life's work in general practice or a speciality, was the end of a period of general optimism and the beginning of the economic and other troubles which led to the second war. The destruction of the part of the old hospital occupied by the Superintendent's House, the Court Room, and the Counting House as well as by the quiet and comfortable *Gazette* office overlooking the Great Maze Pond, scene of the regular fortnightly struggle to produce a Passim that would suitably combine news with views, was at that time inconceivable.

Guy's Forty Years Ago

Dr. Gavin Thurston

Editor 1934-1935

When Guy's was a voluntary hospital it was customary for students to make a street collection on the morning of the inter-hospitals rugger final. The usual clothing was a white coat or theatre gown but elementary fancy dress was not excluded. While the collection centred on London Bridge station it might spread to other areas, notably the fish and meat markets. On one occasion I was a member of a party which penetrated as far as Oxford Street. I claim what I believe to be the unique distinction of having been forcibly ejected from Selfridges for blowing a bugle in the bargain basement. We finished by riding on an old car which was in a collision, possibly because our driver's vision was masked by enthusiastic collectors sitting on the bonnet. The collections produced a minimum of funds, a maximum of annoyance to the public and probably impaired the hospital's image.

Hunt's House was one of the tallest buildings in the neighbourhood and the iron superstructure on the chimney made it easy to identify Guy's from distant vantage points. A dental student named Ellis scaled the chimney and tied a Guy's tie on the weathervane, the tie fluttered there for years. The clinical wards Miriam and John were on the top floor. The apointment of "clinical" was a prelude to other house jobs; every three months, six recently or nearly-qualified men were selected and physicians to the hospital in rotation took charge of the beds for six weeks. The daily close contact produced some of the finest teaching I have experienced; in my time the physicians were Drs. Mutch and Douthwaite. The clinical on call saw every patient to be admitted from the front surgery and had priority of choice over the other firms. My first patient was a man recovering from anthrax, I recall a woman with aplastic anaemia due to her occupation of filling thermometers with benzol, a man with a pituitary tumour and a girl who had intractable cystitis. One night I admitted a man, his daughter and son-in-law suffering from fulminating influensal pneumonia; they were desperately ill and showed, strikingly, heliotrope cyanosis. Sulphonamides and antibiotics had not been discovered, though I doubt whether they would have altered the outcome.

Of future members of the staff, the late Sam Wass was a clinical with me. Charles Baker whom I succeeded as editor of the *Gazette*, died recently. Kilpatrick was a house surgeon and the two McArdles house physicians. Russell Brock was a surgical registrar and Hedley Atkins president of the residents, both became presidents of the Royal College of Surgeons.

A sad thing about having qualified in 1933 is that many seniors and near-contemporaries have died. A nice thing is that time mellows and rivalries fade, warm friendship strengthens between those who were at Guy's together. A strange thing is that I, for one, don't feel any different.

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Berkhamsted, Herts.

Guy's in 1972

by

Dr. J. C. Houston, Dean of the Medical and Dental Schools

Anyone returning to Guy's after many years absence is bound to be struck first by the physical changes: by the new buildings and the altered function of some of the old ones. Happily the appearance as one enters the main gates from St. Thomas's Street is not greatly changed, for although the East Wing of Guy's House containing the Treasurer's House was destroyed during the Second World War, it was subsequently rebuilt and now contains accommodation for the Residents, the Students' Club and a large cafeteria (the new "Spit") and a Dining-room. The College, described by Mr. Gladstone at its opening in 1882 as "this building of which Bermondsey need never feel ashamed", disappeared in 1967 to make way for the Tower Block, which is due to be opened in 1974 and which now dominates the Guy's scene. The splendidly successful restoration of the East Wing was not achieved without a struggle; it was due largely to the efforts of Dr. E. R. (later Sir Rowan) Boland that an earlier plan to knock down the whole of Old Guy's House and replace it by a modern building was defeated. This also of course saved the colonnade which, with its vista of the Park beyond, makes Guy's the envy of all the other Teaching Hospitals in London. Old Guy's House changed its function when the surgical patients were transferred to New Guy's House, a nine-storey building in red brick standing a little to the south-east of the old College site. Old Guy's House now contains administrative offices and accommodation for sisters and nurses.

Great Maze Pond is no longer a public thoroughfare except for pedestrians. It now runs more or less through the centre of the Guy's complex and carries hospital traffic only. The "Ship and Shovel" was destroyed by bombing during the war and was not rebuilt, but the Old Miller of Mansfield lives on in a new guise on the east side of Snowsfields.

The external fabric of the Tower Block was completed some months ago. It stands as two rectangular columns, one containing the services and the other the usuable space, and with 31 floors is the tallest building in London apart from the Post Office Tower. The overhang of the lecture theatre at the top is a distinctive feature which makes it easily recognisable from afar. The Tower will accommodate the Dental School and Hospital, the Obstetric and Children's wards, the Paediatric Research Unit, a general research department, the Diagnostic X-ray Department and the Clinical Pathology Departments. The Tower will have corridors to each floor of New Guy's House, the Surgical Block; and eventually when Phase 3

The Forecourt showing the re-built East Wing

of the rebuilding has been completed, new Out-Patients and the new Medical Block will be built to the north and to the east of it respectively.

Between New Guy's House and Snowsfields stands the Bloomfield Clinic, the out-patient department of child and adolescent psychiatry. It was erected some 10 years ago as the result of a generous gift from Mr. Instone Bloomfield and is equipped with TV and video recording apparatus so that interviews between doctors and patients can be observed separately by students, either in an adjoining room or on a subsequent occasion. The consent of the patient and his parents to such recording is of course obtained beforehand. In the same area stands Bostock House, which accommodates patients undergoing haemodialysis for chronic renal failure; this is part of the very active renal unit which has developed at Guy's in the past decade under two whole-time nephrologists, Dr. Cameron and Dr. Ogg, who have the collaboration of the Department of Surgery in the renal transplant programme and of members of the Medical School staff in immunological research. Further south on the corner of Newcomen Street and Crosby Row an old house which was formerly the premises of a well-known local practice now provides temporary accommodation for an important development started a few years ago by Dr. MacKeith and known as the Newcomen Centre. This is a clinic for the study, investigation and care of children with multiple handicaps and it has developed into one of the leading centres of its kind in the country. With the generous help of the Newcomen Trust plans are now well advanced for the School next door to be taken over so that much more spacious premises can be provided for it.

Between New Guy's House and Snowsfields to the north of the Bloomfield Clinic work is starting now on a new complex of buildings which it is hoped will be completed in two years and which will have a far-reaching effect on the life of the Guy's community. It will contain a large auditorium with seating for 450 people, a swimming pool and residential accommodation, small flats for married staff and study-bedrooms for students. The building of the Greenwood Auditorium was made possible by a large legacy from the late Sir James Greenwood, who grew up in the Borough in the shadow of Guy's and eventually became a Governor of the Hospital. The pool will be 24 metres by 9 metres, accommodating four lanes for swimming events. The residential block will be on 14 floors and will contain 15 four-roomed flats, 15 two-roomed flats and 210 study-bedrooms. The club facilities for students will of course remain in the East Wing of Old Guy's House, but the 14 study-bedrooms on each floor of the new block will have their own kitchen and small common room or dining-room. The block will be called Wolfson House in recognition of a munificent gift of £250,000 from the Wolfson Foundation, which has made its erection possible. A considerable balance is still needed, however, if the rooms are to be let to students at a rent they can afford and the Governors of the School were very grateful to receive last month a further £50,000 from the Hayward Foundation. Other contributions are being urgently sought.

The Tower at Guy's—September, 1972—with New Guy's House and the Tower of Hunt's House behind.

So much for the new buildings. It is a matter for regret to many of us that the Medical Wards in Hunt's House and the Out-patients' Department have facilities which are well below the high standard of the rest of the hospital. The need for both these blocks to be replaced is self-evident to all who know them, and particularly to those who work in them; for many years there have been plans to demolish them and build new accommodation for these departments on the other side of New Guy's House, so that the park will then extend from the Tower and Surgical Block to the Medical School and Nurses' Home. This is Phase 3 of the rebuilding programme and it is to be hoped that permission to implement it will soon be granted by the Department of Health and Social Security.

It is a matter for regret also that rebuilding of the Medical School has not yet started. The need for new buildings has been recognised by the Governors, and expressed to the University Grants Committee, over many years but the political climate in academic circles has not been favourable to these admittedly desirable developments. The building of new Medical Schools in the provinces, and the expansion of old ones, has taken priority over developments in London. The publication of the Todd report, with its recognition of the need for money to be spent on the London Medical Schools, gave us renewed hope: but although we enjoy excellent relations with our "paired" School, King's College Hospital Medical School, we have no multi-faculty University institute in South-East London to make redevelopment along Todd lines possible and so far the available money has been directed to other schools more fortunately placed. However, we believe the time is not far off now when it may be possible for a start to be made on the long and difficult task of rebuilding the School.

Meanwhile the activities of the Medical and Dental Schools are steadily expanding. It was interesting that Dr. McGehee Harvey, Professor of Medicine at the Johns Hopkins Hospital, who spent a second month with us this year after an interval of 25 years, said he was struck not so much by the physical changes at Guy's in this period as by the remarkable increase in academic activities of high quality in all departments. The development of the School can be measured perhaps most easily in financial terms; in 1945/46 the annual expenditure was less than £100,000 and the Research Grants received from outside bodies were virtually nil; in 1955/56 expenditure was less than £37,500 and outside Research Grants amounted to £2,250; in 1970/71 the corresponding figures were £1$\frac{3}{4}$ million and £34,000 respectively. In terms of numbers, in 1955/56 there were 61 full-time teaching and senior research staff compared with 117 in 1970/71. It was encouraging to learn from Last (1967), who made a survey of the graduates of all the Medical Schools in this country, that we are among the top two or three Schools for producing the academic leaders of the profession; we remain equally proud of our tradition for turning out first-class family doctors and dental surgeons, and now have the first academic department of general practice in London, and enjoy unrivalled facilities for teaching and research in this field at Thamesmead.

The Colonnade—1972.

When I came to Guy's in 1934 a brief interview with the Dean and some delicate enquiries from him into my financial stability were enough to secure my admission three months later, but the unfortunate prospective student of today faces a sterner challenge. There are now some 20 applicants for each Medical School place so that competition is extremely keen and standards are high: the average of the A-level grades achieved by the students accepted for the coming session works out at just below three Bs.

We are fortunate indeed in having inherited at Guy's an unrivalled position in the medical life of this country, as illustrated by two recent events. The 100 overseas delegates to the 13th World Congress of the History of Medicine, held in London in September, 1972, were offered a choice of medical institutions to visit; 70 opted for Guy's, and the highest number choosing any other hospital or college was 23. Similarly, this year a much larger number of candidates for Medicine named Guy's as their first choice out of all the London Medical Schools.

The Centenary of the *Gazette* finds Guy's in good heart, therefore, and with the high quality of the young men and women now joining us we look forward to the future with confidence.

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Leader

GUY'S HOSPITAL GAZETTE

Professor C. A. Clarke

President, Royal College of Physicians

It gave me great pleasure, tinged with a good deal of nostalgia, to be asked by the editor to write this article for the 100th anniversary issue of the *Gazette*. The best tribute that I can pay to the journal is to report that as a faithful reader I can still attend a residents' play and be with it for most of the time, even after a generation's absence from the hospital. Good luck for the future.

Letters after one's name have never cut much ice at Guy's, but tradition has, and so, for a moment, the ancestral hat—and some

thoughts on testimonials. My grandfather, qualifying at Guy's in 1862, had it said of him by Sir William Gull: "Mr. Clark (sic) maintained throughout the whole course of his studies an unblemished character"—a 19th century credibility gap if ever there was one. Thirty-four years later Sir William Taylor (the last Guy's man before me to be P.R.C.P.) had for one of his H.P.s my father. There was a similarly glowing hand-out, and Dr. Newton Pitt capped it gloriously by commenting: "During my absence this spring he frequently made post mortem examinations for me at the hospital". Clarke III and Clarke IV have followed with punctual—almost monotonous—predictability, but alas neither Charles nor I can hand down what the bosses said they thought about us. A pity in a way, for testimonials are fun to look back on in later life (revealing as they do as much of the donor as of the recipient) and one has a suspicion that the modern confidential report may not be as informative as it sets out to be—one hint of a blemish and the committee gangs up behind the paragon.

My second bonnet contains an old-fashioned bee. For most of my friends medicine consists of the unravelling of diagnostic problems, or doing clinical research (ways of outwitting one's inheritance happens to be my hobby). But nowadays, though still nobody knows the cause of rheumatoid arthritis, disseminated sclerosis or ulcerative colitis, the wise men are obsessed with other things. Post-graduate training is all the rage, and no less than five separate bodies grapple with it—the Council for Post-Graduate Education, the British Post-Graduate Medical Federation, the Joint Committee on Higher Medical Training, the Joint Committee to consider junior training posts, a Post-Graduate Committee for every Region (each with its own local specialist panels) plus for good measure various types of clinical tutors and College regional advisers. When the great light shines for the young man on his road to Damascus, to which shall he turn? Answer: "His boss".

My third thought is against the intellectually unadventurous young, who will consider only the BTA as "widening my experience". Surely there should be rotating registrarships, wives and all, to developing countries, with the teaching hospitals here keeping a small quota of registrar posts for overseas doctors selected by their local medical schools? At present the UK young fear oblivion unless they are with Uncle Sam but it must be remembered that blemishes are forgotten as well as virtues, and all that is needed is a new look by selection committees so that non-BTA enterprise should get its reward.

Finally, when you reach the promised land do not necessarily think that Canaan stops at Watford junction. All senior clinicians appreciate that it does not, but to many young (and their wives) the prospect of a professional life in, say, Liverpool, would be anathema. When I was appointed there many of my friends thought that I had died, and it is pleasant to look back at the GHD* and in fact to see my obituary notice there (1961, page 196).

So keep an open mind and your fingers crossed—surprising things can happen in unlikely places.

But I agree, there is still nowhere quite like the Park.

*Guy's Hospital Directory.

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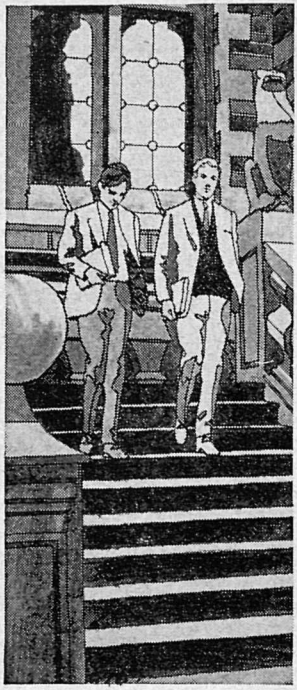

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Royal Air Force

A History of Dental Education at Guy's

Professor R. N. Naylor

Although Guy's Hospital Dental School was not founded until 1889, education in dental subjects, in fact, began in 1799; for in the spring of that year, Joseph Fox, the first dental surgeon to be appointed to the staff of the hospital, delivered a course of lectures on dental surgery. The appointment of Fox to the staff was probably the first of its kind to a general hospital in the country, but it can be confidently claimed that Guy's was the first hospital to institute a course of formal lectures in dentistry. Fox also wrote a book, which was in two volumes, the first being published in 1803 and the second in 1806. Copies of these volumes and those of the second edition published in 1814 and the third edition of 1833 published posthumously, written and illustrated in the characteristic style of the day, are housed in the Wills Library and provide fascinating reading today.

Joseph Fox was succeeded by Thomas Bell, but the exact date of this appointment cannot be confirmed from the hospital records. One authority cites 1817 but Wilkes and Bettany give the date as 1825. The late Sir Frank Pearce (1925) attributes this uncertainty to the autocratic way in which the then Treasurer, known as "King Harrison", appointed members to the staff without consultation with colleagues. However, Bell was a man of considerable distinction and remained on the staff until 1861. As well as his interests in dental surgery, Bell was a keen natural historian with a special attraction to Zoology. At Guy's, he lectured on comparative anatomy, but in 1836, his authority as a Zoologist was confirmed by his appointment to the important Chair of that subject at King's College, London. Whilst holding the Chair at King's, Bell continued to play a full part in the teaching and care of patients at Guy's as well as carrying on his practice at 17 New Broad Street. Mainly because of his contributions as a Zoologist, Bell was elected in 1828 a Fellow of the Royal Society and from 1848-1853 he was one of the Society's Secretaries, later becoming a Vice-President. Amongst the other important scientific societies attracting Bell's support were The Zoological Society, The Linnaean Society, The Ray Society and the Microscopic Society.

Bell was the author of a number of books on dental and zoological subjects all of which were written in an easy and attractive style.

In 1851 Bell was joined at Guy's by his nephew, James Salter, who remained on the staff until 1880. Salter came from a medical family and qualified at King's, but undoubtedly it was the influence of his uncle, Bell, which induced him to specialise in dentistry and to interest himself in natural history. He was elected a Fellow of the Royal Society in 1863 and had been actively concerned with the Linnaean Society before then. As a naturalist his main interests were in botany and as well as publishing work on dental subjects which included the classical description of Salter's Lines, several original botanical observations are reported in The Transactions of the Linnaean Society.

Thomas Bell, F.R.S., M.R.C.S.,
Dental Surgeon, 1817-1861.

Henry Moon, a Guy's Medical Student, who later qualified L.D.S. from the "Dental Hospital", Leicester Square, joined the staff in 1870. Although he retired prematurely in 1887 because of a delicate constitution, during his period on the staff contributed much to the teaching and care of patients as well as publishing papers on "mechanical appliances for treatment of jaw fractures" and the syphilitic molar tooth which today bears his name. Guy's still has connections with Moon through Mr. James Mansie, Senior Dental Surgeon, who has the West End practice originally started by Moon.

Of the Dental Surgeons to the Hospital, there can be nobody more outstanding that Frederick Newland-Pedley. He was the son of a dental surgeon and entered Guy's to read medicine in 1877, qualifying M.R.C.S. in 1881. Meanwhile, he entered the Dental Hospital, Leicester Square, from which, in 1880, he took the L.D.S. of the Royal College of Surgeons with Salter acting as one of his examiners. In

1885 he took the F.R.C.S. and whilst preparing for the examination, he regularly and successfully coached men for the L.D.S. Newland-Pedley joined Moon at Guy's in 1885 and presumably because of Moon's delicate health, more and more of the work of the hospital fell on the junior man. During this period, Newland-Pedley became increasingly concerned that his work comprised solely of extraction of teeth. This concern led to reform in the dental out-patients' department and very soon he was doing fillings, not only for students, but for out-patients as well. To achieve this reform he acquired a special room in which two Chairs were provided and, at his own expense, and the help of his colleague Wynne Rouw, he ran this improved facility. As can be imagined, the demand for conservative dentistry grew, especially amongst the students and nursing staff. The desperate need for further help led to Newland-Pedley formulating plans to establish a Dental School at Guy's. The first draft of plans for such a school was written during a holiday in Paris, and in May of 1888, it was brought before the Staff Committee. After two referrals to a committee for detailed consideration and amendment, it was approved by the Staff Committee in July, 1888. It then went before the Court of Committees and finally on the 19th December, 1888, it received the approval of the Court of Governors. Thus the Dental School at Guy's Hospital was established.

The establishment of the school was by no means an easy task and as well as internal opposition from members of staff, there was a body of opinion outside which challenged the need for a school and questioned the hospital's ability to obtain staff of adequate calibre. These problems were overcome in various ways, but Newland-Pedley himself regarded as crucial the fact that he had a number of very active supporters on the staff, amongst whom was Dr. (later Sir) Cooper Perry who according to Pearce (1925) was "a brilliant organiser and administrator". When the first staff appointments were made in April, 1889, Cooper Perry was Dean and as the list below shows his colleagues were not only distinguished, but professionally they embraced a wide range of interests and experience.

Dental Surgeon—F. Newland-Pedley

Senior Assistant Dental Surgeon—W. A. Maggs

Assistant Dental Surgeons—J. Mansbridge
H. Murray
H. L. Pillin
G. O. Richards
R. Wynne Rouw

Anaesthetists—F. W. Cock
J. W. F. Silk

Lecturers:

Dental Surgery—F. Newland-Pedley
Dental Anatomy—W. A. Maggs
Metallurgy—C. E. Groves, F.R.S.
Anaesthetics—Tom Bird
Tutor—R. Wynne Rouw
Dean—E. Cooper Perry

F. Newland-Pedley, F.R.C.S., L.D.S.,
Founder of the Dental School.

Soon after the decision was made to form a dental school, students began to register; the first to sign the roll on the 7th February, 1889, was Montague F. Hopson. Others followed soon afterwards and by 1st October there were six students who began their work in a specially erected room containing twelve wooden operating chairs (improved type!). This room was named The Conservation Room and in it, an electric dental engine was fitted. The early lectures were given in a room next to the Chapel and soon a small lean-to dental laboratory was built. This enabled a demonstrator in dental mechanics to be appointed to teach and supervise the mechanical work of the school. This original accommodation soon became inadequate and it was indeed fortunate that when the new college buildings were opened in 1890, old Mary Ward, previously used by the Students Club, became available for occupation by the fast expanding dental school.

This was of course only a temporary measure for in 1892 a new dental school building was erected and formally opened in July, 1893, by Sir John Lubbock (later Lord Avebury). Although this building

was shared at first with the Chemistry and Physics Department, it was essentially the same building which the school is using today.

An important step forward in the administration of the school was taken in 1894 when the Dental Council was constituted. Hitherto members of the Dental Staff met monthly at Newland-Pedley's home in Devonshire Place; only two of them, the Dental Surgeon and Senior Assistant attended meetings of the General Staff.

In the eighty-three years of its history, Guy's Hospital Dental School has made tremendous contributions to the advancement of a rapidly growing profession and in an account such as this, it is possible only briefly to record and assess some of the major contributions. One of the most important and most notable characteristics, particularly to people who came to Guy's from elsewhere, is the very close and cordial relationships which exist between the School and the Hospital. This is undoubtedly due to the fact that the school was started essentially to provide a hospital need and was staffed by members of the hospital. Although over the years it has been a necessary feature of development to appoint people wholly to the school or hospital staff, the closest possible relationship between the two has always been maintained.

SCHOOL AND HOSPITAL STAFF

The dental staff of the school and hospital has over the years comprised people of distinction in many differing fields, academic, political and administrative. A brief outline of the contributions made by the dental surgeons to the Hospital prior to the establishment of the dental school has already been given and it is now appropriate to mention some of those who were concerned with the school.

The custom followed for many years for the appointment of members of staff was first to elect them as Assistant Dental Surgeons to the Hospital and then depending on vacancies and seniority they were promoted to Dental Surgeons to the Hospital. Throughout this paper the date given to an appointment to the hospital refers to the year of election to Assistant Dental Surgeon. Further, no distinction is made between Dental Surgeons to the Hospital and Dental Surgeons to special Departments e.g. The Children's Department.

Newland-Pedley must again be mentioned; October, 1899, saw the outbreak of the South African War and, with no facilities for dental care, very soon the appalling state of the teeth of the soldiers began to take its toll on the fighting efficiency of the army in the field. However, in early 1900, Newland-Pedley went out for six months to South Africa as Honorary Dental Surgeon with the Imperial Yeomanry Hospital at Deelfontein and achieved the distinction of being the first dental surgeon to treat a soldier on active service. Arising from a report by Newland-Pedley and pressure from the British Dental Association the War Office appointed four civilian dentists to treat troops in the field.

In 1907 Newland-Pedley resigned and to commemorate his valuable services to Guy's Hospital and School, a subscription list was opened to establish a Gold Medal for practical dentistry bearing his name. The obverse of the medal carries a portrait of Newland-Pedley

The Conservation Room, 1893.

and on the reverse are the arms and motto of Guy's. The Newland-Pedley award is still regarded today as the premier prize for undergraduates at Guy's and many of its recipients over the years have served their profession and Guy's with distinction. After retirement, Newland-Pedley went to live in Italy on the shores of Lake Como. He died in 1945 and under the terms of his will, the Dental School became the residual beneficiary of his estate. Over the years since his death, wise investment of funds has led to substantial gain in capital value of the trust, the interest of which has been used in a wide variety of ways.

J. H. Badcock was appointed to the Hospital staff in 1891 and during his twelve years on the staff, he contributed greatly to the development of the new dental school. As well as being lecturer in Operative Dental Surgery, he demonstrated a keen interest in Orthodontics and was the designer of the widely used screw which bears his name. He conducted the first systematic course of lectures in Orthodontics in the United Kingdom; in 1908 jointly with Northcroft, he founded the British Society for the Study of Orthodontics and was elected the first President.

Montague Hopson, the first student to enrol, achieved further distinction, not only as a teacher of dental anatomy and as a Dental Surgeon to the Hospital, but as the originator of the Dental Society. In a letter to the *Gazette* in 1894, he advocated the foundation of the Society and within the space of 21 days, it was duly constituted with himself as Treasurer. The Society has flourished continuously since its institution and in the early days prior to becoming a constituent of the Clubs Union in 1895 it published its own "Transactions".

Guy's has traditionally always appreciated the value of travel abroad to foreign dental schools and over the years, many Guy's men, both qualified and undergraduates have been fortunate enough to make tours overseas. The first of these would appear to be Frank J. Pearce who as the first Travelling Dental Scholar studied at the University of Pennsylvania. Pearce returned to join the staff first as a Demonstrator in Practical Dentistry and later as Dental Surgeon to the Hospital and Lecturer in Operative Dental Surgery. He later achieved distinction by his election in 1936 to the Presidency of the British Dental Association, the year of the Empire Dental Meeting in London, and his appointment in 1939 a Knight Bachelor.

J. B. Parfitt was appointed in 1901 and in addition to being a Dental Surgeon to the Hospital was Lecturer and later Clinical Teacher in Operative Dental Surgery. He was also the original author—later joined by W. E. Herbert—of the textbook Operative Dental Surgery which with the addition of contemporary authors is still a standard work on the subject.

H. C. Malleson, who was appointed to the hospital staff in 1914 was one of the outstanding hard-tissue histologists of his day. One of his major contributions was the original technique for demineralising teeth and cutting paraffin-embedded sections using the rocking microtome. Employing this method, which he carried out himself unaided by a technician, he was also to demonstrate conclusively the presence of an organic sheath around developing enamel prisms.

In 1919 F. N. Doubleday and F. Bocquet Bull were appointed to the hospital staff and over the ensuing twenty-seven years both were destined to have profound influence over the affairs of Guy's. Doubleday was a man of powerful personality whose vigorously conducted teaching clinics were well attended and much appreciated. He was a great proponent of the focal sepsis theory of disease and much of his practice was based upon it. Following his retirement from Guy's soon after the war, he entered holy orders in the Church of England and for over twenty years took an active part in the parish work in the Guildford Diocese. His interest and loyalty to Guy's never diminished and his researches into the history of Guy's and into the life and works of Keats are of exceptional merit. When his will was published soon after his death in 1971, the Dental School was named as a major beneficiary. Bocquet Bull was appointed in charge of the newly established Children's Department which undertook the orthodontic treatment and ordinary dental care of children under the age of twelve years. Over the years, this Department developed under his guidance and today has a world-wide reputation.

Since 1909, up until which date students completed their mechanics training as apprentices to practitioners, dental mechanics assumed growing importance in the Guy's dental curriculum. However, it was not until 1919 that a whole-time demonstrator was appointed to take over the Prosthetic and Mechanical Laboratories. Guy's was indeed fortunate to have available W. Kelsey Fry who had just emerged from the First World War with a distinguished record of achievement—service on the Western Front, the Military Cross and then the beginning of a long association with Harold Gillies at Queen Mary's Hospital, Sidcup, the famous centre which pioneered the treatment of gunshot wounds of the face and jaw. Few could have possibly realised the tremendous role Kelsey Fry was destined to play in the advancement of his profession. Between the wars, he established himself as one of the leading oral surgeons in the country and combining his special skills in prosthetics and surgery contributed greatly to the advancement of treatment techniques for patients with cleft palates and other facial deformities. The outbreak of the Second World War saw him playing a leading role with the Emergency Medical Service, this time at the Queen Victoria Hospital, East Grinstead. Here Royal Air Force casualties, many with the most serious facial injuries came under the care of Kelsey Fry and his colleagues. As if this were not enough, in his capacity as Civilian Consultant to the Royal Air Force, he greatly influenced the far-sighted decision of the R.A.F. to introduce Dental Hygienists. After the war, he was awarded the C.B.E. in 1946 and was appointed Knight Bachelor. Sir William Kelsey Fry died in 1963 and in recognition of his unique services to the Royal Air Force, he was accorded the unusual distinction to a civilian of a memorial service at St. Clement Danes, the Royal Air Force Church in the Strand.

Amongst the staff appointed between the wars was Arthur Bullied who as well as being a Dental Surgeon to the Hospital contributed greatly in the development of teaching and research in oral bacteriology. His book in which he was later joined by C. W. T. Shuttle-

Conservation Room (*circa* 1910)

worth was, for many years, a standard work on the subject.

In the years after the Second World War there can be few men who played such a prominent part in dental education as Professor Martin Rushton. He came to Guy's in the mid 1920's from Gonville Caius College, Cambridge for his clinical courses in both medicine and dentistry and remained closely associated with the hospital and school until his death in 1970. His varied contributions are too numerous to present in detail, but one of the most outstanding features of his work at Guy's was the support he gave to young research workers, his teaching clinicals on Monday afternoons, which not only attracted our own students, but post-graduates from all corners of the globe and his wise counsel on the various committees and sub-committees of the school he served. He was a brilliant public speaker and was always able to hold his audience in rapt attention whilst he delivered his message.

When Bocquet Bull retired in 1946, the headship of the Children's Department went to R. E. Rix who, by his work in relating swallowing habits to arch form, achieved an international reputation. The reputation of the department created under Bull and Rix undoubtedly influenced the University's decision to appoint a Professor of Orthodontics in 1964.

The Deans and Sub Deans of the Dental School

When the Dental School was first established and until 1921 it was under the general administrative direction of the Dean of the Medical School, the Dean at the time of its foundation was E. C. Perry (later Sir Cooper Perry) whose invaluable support is mentioned elsewhere. Subsequent Deans of the Medical School continued to play an invaluable role in the work and development of the school, but it was inevitable that the time would come for the Dental School

to have its own administrative head. In fact, it is surprising that it was not until 1920 that the post of Dental Sub-Dean was established and F. Bocquet Bull appointed on a part-time basis.

During his tenure of office, Bull had a number of problems of major importance to face. After the first world war, there was the problem of restoring the school to a peace-time footing, inevitably complicated by the large number of men of mature years and uniquely experienced returning to take up again the life of a student. During the 1930's, as the war clouds inexorably gathered, he had to prepare the school for another wartime existence; this time not only were there to be losses of key members of staff to the Services and the Emergency Medical Services, but evacuation of the Hospital to the country in anticipation of major air raids. All these problems were dealt with in a remarkably efficient and quiet way, success being attributed by a contemporary to Bull's ability to lead people and get the best out of them. He has been described as an Edwardian character, full of fun and good humour, but of the highest principles; he had no time for the devious approach or the "Smart Alec". Bull was a cultured man whose extensive knowledge of Dickens was greatly admired and appreciated by his friends and colleagues. In fact his presidential address to the B.S.S.O. is reputed to have been confined entirely to a Dickensian subject with no reference to Orthodontics whatsoever.

When F. Bouquet Bull retired in 1946, he was succeeded as Sub-Dean by F. S. Warner who had been appointed to the staff of the Hospital ten years previously. Freddie Warner, as he is affectionately known by his friends and colleagues was destined to guide the Dental School through what has undoubtedly been its busiest and most difficult years to date. One of his first problems was to restore the school to its peacetime footing and cope with the influx of ex-service men, many of whom had spent as many as six years of war with the armed forces. Next, came the task of integrating the Dental School into the National Health Service which came into being in June of 1948. This must have been a particularly complicated matter for Guy's as much of the teaching was carried out by hospital appointed staff. Another task which fell to him was the admittance of women students to the Dental School for the first time. Both the Medical and Dental Schools had been bastions of masculinity since their foundation and all pressures to accept women undergraduates had been successfully resisted. However, following the Report of the Goodenough Committee, acceptance of women was imposed, the first being admitted in 1947. As T. B. Johnson wrote in 1952 "the heavens have not fallen".

For many years before the war, it had become increasingly obvious that the present buildings of the Dental Department were rapidly becoming inadequate a place for modern dental education and undoubtedly one of F. S. Warner's early tasks was to accumulate the necessary support for a new building. The difficulties involved were enormous, some being quite peculiar to Guy's. One of these was the problem of erecting a tall building so near the river and it is only in recent years that civil engineers have overcome it. In all discussion on the planning of the new Department, Warner was adamant in one

thing and in this he had the full support of all his colleagues; it was that the new Dental Department must be within the Guy's Campus. The Dental School and the Medical School had grown up together side by side and by doing so had derived immeasurable mutual benefits. To separate them would have been unthinkable. These difficulties and many others undoubtedly delayed matters, thus enabling other dental schools, whose need appeared considerably less urgent than Guy's to get ahead with their rebuilding. However, patience and diligent planning have been rewarded and as this article is being written the scaffolding to the new Tower Block is being removed and by 1974 the Dental School will at long last be newly housed.

As well as bearing the burdens of Sub-Dean, he carried on his teaching and hospital work, and his clinics and operating sessions continued to attract a wide variety of interesting clinical problems. He was outstanding as an undergraduate teacher, a role which he clearly enjoyed. All that he undertook at Guy's was done with vigour and enthusiasm with the best interests of Guy's taking precedence over all else. A few years before F. S. Warner retired in 1968 his title was changed from Sub-Dean to Dean of Dental Studies, a change which signified the advancing stature of the appointment.

Freddie Warner was succeeded as Dean of Dental Studies by Ronald D. Emslie who for a few years previously had been appointed Sub-Dean and taken over the organisation of the student selection and admissions. Professor Emslie now combines the duties of Head of the Department of Periodontology and Preventive Dentistry and that of Dean of Dental Studies and is thus the first full-time person to be head of the Dental School.

The Sub Dean of Dental Studies, with special responsibility for admissions, is Professor D. J. Neill, Head of the Department of Prosthetics.

The University of London

Guy's Hospital Medical and Dental Schools are constituent bodies of the University of London, and have been so since 1900. This means that the University control and approve courses of study and conduct professional examinations, though in respect of examinations, some are now internal and "College based"; it awards degrees and appoints the Professors and Readers to the schools and colleges. The University exerts control of courses and examinations through the various Boards of Studies and their sub-committees.

The B.D.S. degree of the University of London was instituted in 1921 and although for many years very few students took the degree, in recent years virtually all students have come to do so.

For many years, like other Medical and Dental Schools, Guy's relied entirely upon part-time men to provide teaching to the students. However, whilst such teachers still have an important role, the main burden of teaching is borne by full-time members of staff. W. E. Herbert was one of Guy's first full-time teachers when he was appointed Reader in Conservative Dental Surgery; in 1938 the title of Professor was conferred on him. H. R. B. Fenn was the first holder

The Dental School, 1893.

of a Chair in the Dental School, having in 1935 been appointed Professor of Prosthetics. After the Second World War, in 1946, Martin Rushton was appointed to the newly created Chair of Dental Medicine and R. D. Emslie, head of the post war established Department of Preventive Dentistry, had the title Professor conferred in 1963. In 1964, W. J. Tulley had conferred the title Professor of Orthodontics and in 1966 R. A. Cawson was appointed to the Chair of Dental Medicine vacated on the premature retirement of Martin Rushton. In 1968 together with the title of the Chair, the name of the Department of Dental Medicine was changed to that of Oral Medicine and Pathology, a description regarded as being more in keeping with its work. In 1969 D. J. Neill was appointed to the Chair of Prosthetics and in 1970 M. N. Naylor had the title Professor of Preventive Dentistry conferred. This latter appointment coincided with the change in title of R. D. Emslie's Chair and that of the Department to "Periodontology and Preventive Dentistry". In 1971, A. H. R. Rowe, who had been appointed Reader and Head of the Department of Conservative Dentistry on the retirement of W. E. Herbert, had the title of Professor conferred by the University. The latest development in the school was the establishment in 1971 of the Department of Oral Immunology and Microbiology and the conferment of the title of Professor to T. Lehner.

The University is responsible for making appropriate financial grants to the School. This has been the University's responsibility since the University of London Act in 1926; prior to this funds were available from the Board of Education. Guy's, however, did not avail themselves of these outside sources of money until 1929 and in doing so, were the last medical school to remain financially independent. The grant made by the University in that year was £6,000, £2,000 of which was allocated to the Dental School. It is salutory to note that for the academic year 1970-1971 the grant to the Dental School alone was £305,000.

Guy's and The Royal College of Surgeons of England

Although the B.D.S. degree of the University of London was instituted as long ago as 1921, it was not until 1930 that A. R. F. Thompson became the first person to sit and obtain it. Prior to the institution of the degree and for a considerable time afterwards, the vast majority of Guy's dental students took the L.D.S. diploma of the Royal College of Surgeons as their qualification. In fact, even today, most students take the L.D.S. examination as well as the B.D.S., though since 1971, they are unable to sit until after they have completed the full B.D.S. course.

The enthusiasm for the L.D.S.R.C.S. examination has not always been keen as is clear from a letter signed by 54 "Dental Students of Guy's Hospital" which appeared in the issue of the *British Medical Journal* of the 4th January, 1892. The letter reads as follows:—

"Sir—Will you kindly allow us, through the valued medium of the *British Medical Journal*, to call attention to the remarkable conditions under which the examination for the diploma in dental surgery is conducted? For the sake of brevity and clearness, we propose to range our criticisms under two heads. In the first place, we take

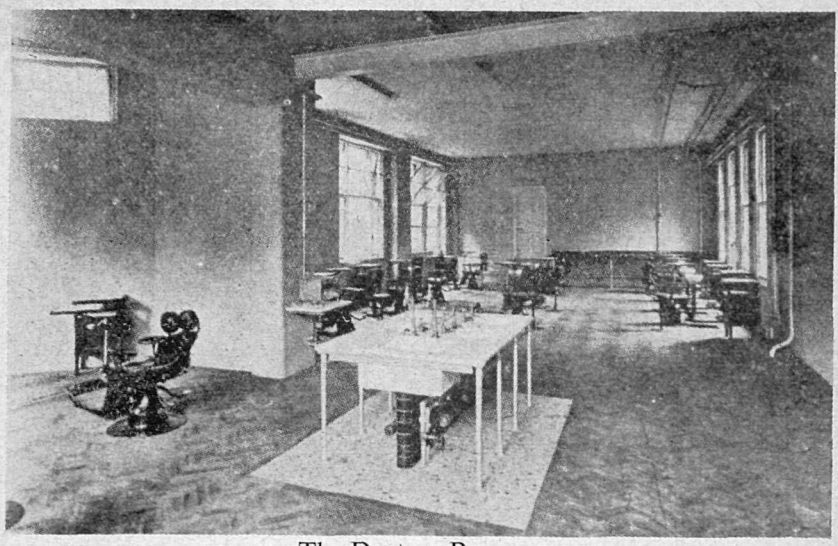
exception to the constitution of the specialist side of the Examination Board. Six hospitals send up candidates, one only is represented. On the other hand, hospitals possessed of no dental history or reputation, such as the London and University College Hospitals, are represented. We respectfully suggest that their claims, if any such exist, ought not to supersede those of the Dental School of Guy's Hospital, or those of any other recognised dental school. Secondly, the privilege of representation is unduly exercised. The Dean of the Dental Hospital of London, by virtue of abuse of his position upon the Board, examines candidates who are educated at his own hospital. Further, the candidate's incognito is imperfectly maintained; he is addressed by his name, and a knowledge is shown of the hospital from which he comes. And, though we are unwilling even to hint at so disastrous a condition as the existence of any incompetence upon the part of the examiners, we are nevertheless bound to state that, in the mechanical section of the examination, the candidate's work is referred to the curator of the laboratory of the Dental Hospital of London, a gentleman against whom we will say nothing except that he holds no appointment in connection with the examination, and that he is a salaried official of the teaching institution that prepares the majority of the candidates. We consider that these conditions constitute an anomaly which is unparalleled by any other examination, and which calls for speedy reform.—We are etc.,"

The tone of this letter indicates the strength of feeling of the student body, but unfortunately, there would appear to be no evidence publicly available suggesting how the college, which would undoubtedly have been embarrassed, reacted. Suffice it to say, the students continued to sit the examinations and when the College established within itself separate Faculties, a dental one was the first and Guy's men played a decisive role in its creation. Amongst the founder members of the Board of Faculty, were R. V. Bradlaw, then Professor and Dean of the Newcastle Dental School, who was the first Dean of the Faculty, F. S. Warner and W. Kelsey Fry. Kelsey Fry was the second Dean and in 1961, Martin Rushton was elected to this office. Guy's has always been well represented on the Faculty and currently W. J. Tulley and R. D. Emslie are members.

Research at Guy's

The investigations of the early observers such as Salter and Bell may appear crude by modern standards, but there can be no doubt that taken in the context of their time, they were of a very high standard and undoubtedly set the pattern for future research in dental problems at Guy's. The meticulous preparation of decalcified sections by Malleson and the painstaking investigation of the microflora of the mouth by Bullied are but isolated examples. There is a story, no doubt apocryphal, that Arthur Bullied could be seen chasing the Hospital's wild cats through the underground tunnels in order to innoculate their gingival crevices with leptotrichia in an attempt to discover the role of these organisms in the aetiology of periodontal diseases!

After the Second World War, dental research at Guy's received considerable encouragement by the establishment of the Dental



The Denture Room.

Fellowship in Martin Rushton's Department of Dental Medicine. A succession of young men, some qualified dentally and others not, have been fortunate enough to hold this Fellowship and enjoy the opportunity to pursue original work full time in the relaxed environment of an academic department, under the inspired and cultured guidance of Martin Rushton.

In 1962 facilities were further increased by the establishment of the Dental Clinical Research Laboratory on the third floor of the Old Pathology Block. Here, members of staff from all parts of the Dental School may find space to carry out their individual projects. Despite overcrowding and difficulty in siting all the various forms of basic apparatus, the amount of work done in this laboratory is surprising.

With the establishment in 1971 of the Department of Oral Immunology and Microbiology, opportunities were provided for research in a sector of growing importance and relevance.

Despite facilities which are grossly overcrowded and situated in long out-dated buildings, Guy's has remained at the forefront of dental research in the United Kingdom. At the meeting of the British Division of the I.A.D.R. held annually each April, there is always a wealth of communications of high quality from Guy's. Of the fourteen winners of the Colgate Prize, an award instituted in 1959 for the best paper presented by a research worker aged 35 or under, six have been either working at or previously associated with Guy's.

The Future

At the moment, dentistry at Guy's is on the threshold of an upheaval for, in less than two years' time, the whole of the Dental School will move into the top ten floors of the new Tower Block.

This move will be the culmination of years of patient planning and negotiation and will mark the end of a period in cramped, outdated buildings which fall far below acceptable standards.

The new buildings will be air-conditioned, excellently illuminated and designed in a way to enable cleaning to impeccable standards. The equipment in both treatment areas and laboratories will be up-to-date in every respect and it is hoped that the establishment for supporting staff will be sufficiently increased to enable full and efficient use of all the facilities. For the first time, there will be a proper Dental School Library and the number of seminar rooms designated for small group teaching, will make the weekly scramble for allocation of time in the present Dental Classroom and Lecture Theatre seem like a bad dream. Members of staff will be properly accommodated in rooms and studies and there will be common room facilities for students. On the top floor there will be the Martin Rushton Laboratories which will house the Clinical Research Laboratory, the Department of Oral Immunology and Microbiology and the Department of Oral Medicine and Pathology. In other parts of the Dental School, there will be laboratories devoted to Prosthetics, Conservative Dentistry and Materials Science, Orthodontics and Human Communication.

The physical problems of moving to the Tower in 1974 will be enormous, but it is vital for the success of Guy's Dental School in the future that, together with the microscopes, filing cabinets, incubators and so forth, there goes too the same spirit created by Newland-Pedley, and his colleagues and nurtured by men such as Parfitt, Pritchard, Dowsett, Messenger, Bull, Rix, Fenn, Herbert, Warner and Rushton whose service to Guy's is exemplified by the motto "Dare Quam Accipere".

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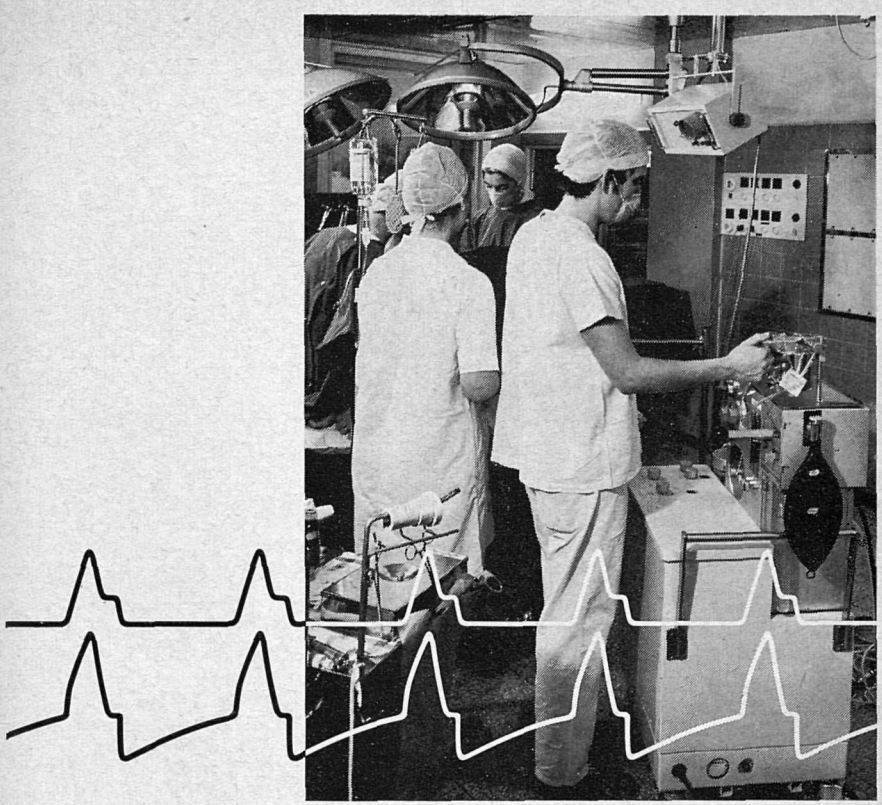
In a historical account such as this, it is inevitable that important material and interesting facts are omitted; space, passage of years and author's frailties ensure this. For these deficiencies the author apologises in advance, but at the same time accepts absolute responsibility.



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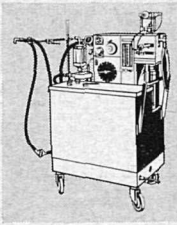

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Changes in Nursing in the Last Hundred Years

Sister P. M. Jefferies

Britain has experienced greater changes during the last century than during any other comparable period. Not least amongst these has been that witnessed by the nursing profession. One hundred years ago any formal training of nurses was only just being introduced, as a result of the work of Florence Nightingale. Moreover, the work undertaken by nurses was, in many ways, very different to that of nowadays.

It is interesting to reflect that prior to the middle of the nineteenth century, nurses were frequently of extremely dubious character. Those at Guy's Hospital were often guilty of stealing patients' money and other possessions. At this hospital women from the Borough were recruited to work in the wards. These people were issued with large metal discs, on which was engraved the name of the ward to which they were assigned, and the duty—either day or night—which they were employed to undertake. Some of these plaques may still be seen today on display in the Nurses' Home. Furthermore, this practice has not been allowed to disappear. All Ward Sisters, on completion of three years' service, are presented with an almost identical plaque. These are now somewhat flippantly known as "teapot stands" and although they have no practical use today, the possession of one has given great pleasure to a very large number of Guy's Sisters.

The work of Miss Nightingale however, and the introduction of formal training attracted to the work of nursing girls and women of a very different character. She opened her school at St. Thomas's Hospital in 1860, and whereas this was not the first in the country, its influence and that of its founder had the most far-reaching effect. The course of training in the first instance lasted for one year. The "probationers", as they were known, received £10 for this in addition to tea, sugar, washing facilities and certain clothing!

It was very soon realised that these probationer nurses could be paid less than had previously been awarded to untrained women. In addition, the standard of care afforded to the patients was higher. Not unnaturally the system was soon adopted by many hospitals, and whereas one does not decry the introduction of a formal training, the thought remains that, in this respect, there has not been all that amount of change during the last hundred years.

Not surprisingly the trained nurses soon began to undertake more responsible positions. The image of the Matron as little more than a housekeeper soon disappeared and amidst great conflict with medical personnel, these people began to take a much greater share in the administration of hospitals.

Thus by the latter end of the last century, nurse training was an established fact. The standard of training, however, was not.

A Group of Nurses, 1875.

There was no method of ascertaining that two trained nurses from different hospitals would be capable of administering similar standards of care. Of course, many of the schools demanded extremely high standards, and the training obtained therein was very rigorous. The probationers had very little free time, and that which was available was extremely strictly supervised. Lectures had to be attended during off-duty periods, and this practice did not alter for a great many years after that. In fact, during the last decade it has been the practice of more than one midwifery training school to arrange lectures for students at 9 a.m., after they have completed a twelve-hour span of night duty.

However, at the turn of the century, the reformers were extremely active in attempting to obtain better conditions for nurses. Not least among their aims was for a method of registering all qualified nurses, and therefore an official body to control this, and also a professional organisation. These two aims were achieved after much strife in the early years of this century. The College of Nursing was established in 1916, and became The Royal College of Nursing some years later. The Nurses Registration Act was passed in 1919 and administration is effected by the General Nursing Council. Since the introduction of these two official bodies, conditions of service for nurses

The "Whirl Pool Bath"—Massage Department.

have continued to improve, although it was a little slow at first. In 1944 a ward sister could still earn only £88 per annum.

So much for the politics. Let us look now at the work of a nurse. One hundred years ago of course she did not have the scientific assistance which is now her birthright. Moreover she did not have to obtain the specialised knowledge which is now routine. Medicine and medical knowledge was far less refined, and so too was nursing. One thing, however, the nurse did require, both then and now: that is adequate powers of observation which, despite today's sophisticated methods, are still as important as ever.

It was nurses who, to a large degree, introduced hygiene to hospital wards, and the instructions of the far-sighted Miss Nightingale are still, by and large, relevant today. However, due to the nurses undertaking to ensure cleanliness and also to teach the doctors hygiene—a task still sometimes adopted—the image was formed of a body of people devoted to this and little else. The view is, of course, fallacious. The nurse has been and always will be, employed to ensure the safety and comfort of her patients, although there is at present a grave danger of this ideal being lost.

The introduction of the National Health Service radically changed the whole hospital service, and since that time, despite the forebodings of many, great improvements have been engineered. The last ten years has seen the introduction, for better or worse, of a new administrative structure, and also vast pay improvements. Training methods also are undergoing reformation and will, it is hoped, prove beneficial.

Thus, in this very brief resumé, it can be seen that nursing in the last hundred years has changed from an occupation followed by unqualified women, with little or no integrity, to one which gives a recognised training and qualification. The British nurse has established a world-wide reputation for her standards of patient care. Many countries have based their training methods upon those utilised here. The nurse with a qualification obtained in this country is accepted as having had a sound education.

Assuming then, that during the next hundred years man does not become extinct, how would one hope to see the status of nurses? First and foremost, of course, the next major step is to establish full professional status. This will involve radical changes, during which the basic aims must not be forgotten. Secondly, one would hope to see the full development of the move to encourage the undertaking of more work in the community. There will, of course, always be a need for the hospital and its staff, but in many instances patients could be as well cared for—not to say happier—at home. Apart from the fact that nurses are now a well-trained and reliable body, could it be that the move towards home care is bringing events round to complete the circle?

The School of Nursing 1945-72

Sister Thirza

This article, written for the Centenary number of Guy's *Gazette*, does not set out to be a complete history of the past 27 years. It is rather a selection of events which help one to see nursing at Guy's as a whole, with sufficient historical content to see how one part fits into or grows out of another.

For January, 1973, an Introductory Course of six weeks is planned. In 1907 The Preliminary Training School was opened to instruct probationers for six weeks. Since then we seem to have travelled a large circle with courses of 16, 12 and 8 weeks duration.

The PTS in 1945 occupied part of the 2nd floor of Shepherd's House with Miss Janet James as tutor. There were lectures in Anatomy and Physiology, History of Nursing and Practical Nursing Classes.

From 8 a.m. to 10 a.m. daily simple nursing talks were undertaken in the wards. On the ward maid's day off this meant scattering damp tea leaves and sweeping the ward floor.

Pupils, as student nurses were then called, shared in the care of the sick nurses. Much activity centred around the kitchen.

There were weekly trips down the Borough High Street to the Polytechnic for invalid cookery. Mornings were sometimes spent in the laundry, and on Saturdays cleaning boxes, stocked with brasso and furniture polish, the chapel was cleaned After passing the PTS practical and written examinations one became a probationer.

In the wards junior probationers cared for one or two patients, there was "patient assignment". With the aid of work books one was initiated into ward routine, cleaned the sluice and took sister round at the end of the day Staff Nurse helped everyone, Senior Probationers and Head Nurses "acted up" on days off, off duty was two to three hours daily with one day off a week and everyone seemed to be happy.

A course of junior nursing lectures was given in the Revelstoke class room and the consultant staff lectured in Medicine, Surgery and Special Diseases. These could be attended on one's day off or by being released from the wards for an hour.

Guy's was the first of the large London hospitals to arrange a Block System of training which came into effect in November, 1946. The extra accommodation which was required was made available by the generosity of two Governors, Mr. S. B. Askew and Mr. W. McAlpine, who gave Holmesdale at Nutfield to be used as the Preliminary Training School. This freed the Shepherd's House accommodation for the senior school.

Sister Hilda Gration taught from her wheelchair. Sister Florence Taylor supervised practical classes and unforgettably linked theory with practice.

Examinations were held at the end of the various schools and in 1947 for the first time the nurses' prize-giving was held separately

from the annual meeting of the League.

Holmesdale was a rambling Victorian house set in extensive grounds with daffodils and bluebells, tulip trees and maples. The main rooms provided a beautiful library, classrooms and gracious living accommodation. Forty-eight pupils entered four times a year. The days were filled with lectures and practical classes, and there was daily "schedule". One worked hard to "get to Guy's". Weekly visits were made by coach to Guy's for practical experience in the wards. The journey for some filled with apprehension, particularly in winter when one set out and returned in darkness. In the close-knit community friendships were forged with lasted throughout training and beyond. Holmesdale served Guy's well for 19 years.

On the introduction by the General Nursing Council of the 1962 syllabus with its emphasis on teaching in the wards it became imperative for the Preliminary Training School to return to Guy's. In June, 1965, inventories and packing completed the PTS was back at Guy's occupying the temporary building erected in 1961 on the tennis court behind the nurses' home.

The first introductory course to follow the new syllabus started in October, 1965. Now 80 student nurses enter in January and September, a smaller number in May of each year. Once again it is possible to work in the wards daily, supervised by the school staff. By the end of the course each nurse has also worked a morning, afternoon and night shift in the ward to which she will be allocated on completion of the course.

A series of study days related to ward experience are attended during the first year. Schools are arranged for first, second and third years. Lectures are given by the consultant staff and for much of the teaching the tutors take small groups to the wards.

With the 1962 syllabus the Preliminary State Examination was discontinued. In its place came the hospital intermediate examination, a written paper and practical examination taken in the ward. Now the 1969 syllabus lessens the emphasis on the range of clinical specialities in the acute hospital and introduces the broader concepts of community care.

The new type ward based Final State Practical Examination commenced in 1971, each nurse performing four nursing tasks at intervals from the 15th month of training. The Guy's final examination anticipated this and has been held in the wards for a number of years. Prize-giving was discontinued in 1969. Instead, at the end of each second year school there is an "Open Day" when parents are shown round the hospital and school. The Cazenove Medallists lunch with the Governors and have their medals presented at a meeting of the Court.

Shepherd's House has been redesigned and upgraded and since 1969 has afforded up-to-date accommodation for the Schools of Nursing, Physiotherapy and Radiography. A beautiful new Library occupies the site of the former north class room. There is a large lecture room, fully equipped projection room, and equipment for viewing slides and listening to tapes. The teaching staff are much

P.T.S., 1945 and 1972.

encouraged and grateful to the Governors for the fine facilities they now enjoy.

An experimental scheme of training for State Registration and Management commenced in 1970 with 11 nurses. The final State Examination is taken after only two years followed by a short course in management during the third year. In addition, there are a number of post-basic courses in Intensive Therapy, Psychiatric, and Sick Children's nursing.

The pupil nurse school moved to Guy's from New Cross in November, 1971, and the recently-qualified State Enrolled nurses are proud of their own Guy's badge.

This account has so far confined itself to the School of Nursing, but other changes are also significant. Until it transferred to New Cross in 1956 there was a Guy's unit at Orpington. Many will recall the huts which served as wards, theatres and dormitories for student nurses, the orthopaedic patients, plaster beds, and stoves choked with clinkers. Those, too, were happy days—off duty spent in Boundary House garden, walking to Downe, coffee at "The Oven Door" and the annual pantomime. There was Sister Dorothy Holland to maintain the link with Guy's, and Dr. Vertue.

With the introduction of the National Health Service, 1948, The Evelina Hospital for Sick Children united with Guy's. Miss Mary Wilcock was Lady Superintendent during those difficult early days. The three year children's training continued until 1965 when it was replaced by a 13-month scheme for post-registered nurses. Regarded with affection by Borough mothers the Evelina celebrated its centenary in 1969.

Guy's House with its L shaped wards, balconies and coal fires housed the surgical patents until 1961 when new Guy's House was completed. After many years of planning, work on new Guy's House started in 1957. It was opened by Her Majesty The Queen in 1961. Its light, airy wards are convenient and pleasant to work in. With the advent of central sterilisation ward, sterilisers were no longer required and Lamson tubes sometimes make communication easier. As Guy's House was emptied of patients the work of restoration began. The vision of Sir Rowan Boland and others who led the move for restoration has been amply proved. The flats and flatlets are delightful and the whole a source of great joy and pride.

St. Olave's and New Cross Hospitals together with the Dunoran Home were incorporated to form the Guy's Group of Hospitals in November, 1965. St. Olave's has a Progressive Patient Care Scheme and New Cross a rehabilitation unit.

From their Endowment Fund the Governors have also met much of the cost of modernising the Henrietta Raphael Nurses' Home. Gone are the copper hot water cisterns in the bathrooms, corridors are carpeted and study bedrooms furnished imaginatively.

Work is now in progress in the Nuffield Nurses' Home and dining rooms. The pay-as-you-eat system is with us, to be evaluated later. The Tower Block from the beginning has been a source of great interest. The concourses of New Guy's House served as vantage points during the excavation and pile driving. What changes it will

Sister Hilda with a group of Nurses.

bring as it is occupied. Nurses and patients continue to enjoy the Park, now restored after all the upheaval of recent years. In spite of it all the blackbirds have remained.

During these years there have been five matrons. Miss Emily P. MacManus although retired from 1946 happily returns each year. Miss Linda Titley, the last of a great line, delaying her retirement to bridge an awkward gap in the nursing organisation. On 6th September, 1971, the Governors appointed Miss Eileen Haigh, Head of the Nursing Service of Guy's Group of Hospitals, an enormous task requiring the co-operation and support of the whole family of Guy's. By the end of the year Miss Betty White was appointed Principal Nursing Officer and Miss Brysson Whyte Principal Nursing Officer (Education). During the present year most of the Senior Nursing Officers have been appointed and everyone is becoming more familiar with the new structure, the juniors taking to it as a matter of course. Each set of nurses continues to elect a representative to the Nurses' Representative Council. The Secretary is privileged to discuss the minutes of Council Meetings with the Governors.

Student nurses adapt quickly to the life of the community. They enjoy weekends at "Thatchings" and make a great contribution to the work of the Theatre Club. The Music Society flourishes and rehearsals are in full swing for the Christmas Concert in Southwark Cathedral.

In the past 25 years there have been few changes in uniform. Skirts are shorter. Stripes have been replaced by lilac belts, strings remain and staff nurses wear purple belts. The outdoor uniform of black bonnet and cape is disappearing. The national uniform has not arrived. The greatest changes have taken place in the nurses' work in the wards. The patients' stay in hospital is considerably shorter. The pattern of the patients' day has changed. Nurses work a 40-hour

week and there is a shift system. With the advances in medicine and surgery there are new techniques to be mastered.

A comprehensive health service demands nurses of increasing breadth of outlook and training. There must be nurses of varying attainments. There is no single end product of nurse education. The kindly bedside nurse is needed more than ever and so too is the nurse who can give specialist care in dialysis and tissue transplantation units. Guy's is fortunate in its young people who care for their patients with devotion and skill.

The Briggs report on nurse education is awaited and with the plan for reorganisation of all National Health Service great change is inevitable.

One is conscious that much more could have been told but space is limited. It is however little more than two years to the 250th anniversary of Guy's Hospital when there will be another opportunity to look back over the years.

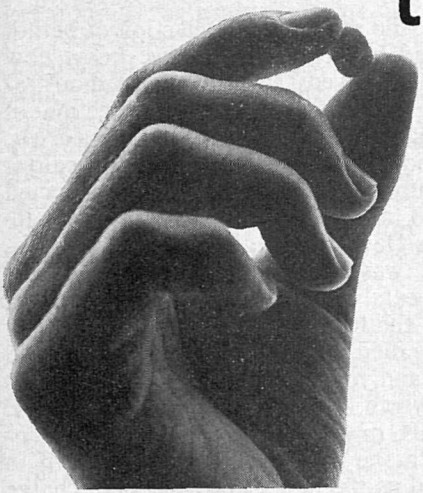
The past gave of its best and created a great tradition.
The present only temporarily holds material concern,
and the future—one knows not,

but as The Tower daily draws one's gaze upwards one finds the courage and confidence to go forward.

GUY'S HOSPITAL STUDENTS' CLUB

Are pleased to announce the SNOWFLAKE BALL on Thursday, 7th December, 8.00 p.m. to 1.00 a.m., with Kenny Ball and his Jazzmen. Full supporting Groups, Disco and Light Show Films. Buffet Supper. Black Tie. Double Ticket 4 Guineas, from L. J. Read, c/o East Wing.

The tip of the tip of the iceberg



All the patient sees is the tablet—a few cubic millimetres of finished product. What he doesn't see are the countless hours of concentrated effort—the thousands of hours spent in research, the skill of varied scientific disciplines, the experience of hospital doctors and general practitioners, and the able endeavours of qualified medical representatives, with the continual backing of the professional advisory services of an international organisation.

Over the years, Geigy's research in ethical pharmaceuticals has produced many new and outstandingly successful drugs to fight disease—drugs for the treatment of rheumatic diseases, depressive illness, epilepsy and Parkinson's disease are just a few of these. The wealth of experience, knowledge and skill embodied in any Geigy Pharmaceuticals product is readily available to serve the medical profession and is part of Geigy Pharmaceuticals' contribution to the nation's health.

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The Gordon Museum

Mr. J. Maynard

Curator.

Almost exactly 170 years ago, the remarkable collection of pathological specimens, wax models and historical exhibits we know now as the Gordon Museum was first conceived. In 1802, the demonstration and dissection of anatomical specimens and the inspection of dead bodies was in the capable hands of a demonstrator named Mr. N. Davie, whom Dr. Thomas Hodgkin described as a "very zealous and intelligent young man". During his working life he collected several preparations of healthy and morbid anatomy as a small private museum. About the same time as Davie was beginning his collection, Benjamin Harrison "the younger" was appointed Treasurer of Guy's Hospital in 1797 at the age of 26 years. He was a great administrator, determined to make Guy's one of the foremost hospitals and medical schools in the world. When Davie died, Harrison purchased the small private museum for the hospital and medical school and it was this collection which was the nucleus which flourished and grew to become the present museum. From 1804 onwards the collection was increased in size and improved with the aid of the Treasurer until in 1824 T. A. S. Dodd was appointed as the first Curator to take charge of the preparation and preservation of specimens and to assist in conducting and recording post mortems.

We now approach that short period when many exciting changes took place at Guy's. A series of events of far reaching importance took place during the next two years which profoundly influenced the future of the pathology museum and Guy's as a medical school. Until this time it was not possible for a Guy's man to complete his medical education within the hospital. He attended lectures at Guy's in medicine, midwifery and chemistry, and crossed the road to St. Thomas's for surgery and anatomy, Guy's and St. Thomas's together constituting the United Hospitals. A Guy's man, could, if he wished attend as well, any of the private medical schools which were unattached to a particular hospital. Perhaps the best of these was the Windmill Street School, indirectly started by a Guy's man, Samuel Sharp, in 1737. William Hunter succeeded Sharp as the head of the School, which reached the height of its fame with the arrival of John Hunter.

In 1825 there occurred a disagreement with St. Thomas's about the appointment of a successor to Sir Astley Cooper as Lecturer in Surgery and Anatomy. Benjamin Harrison was requested by the Governors to make arrangements to provide a surgical school at Guy's. As a direct result the Guy's Medical School developed as we know it today. The first school buildings consisted of a large lecture theatre, a museum and a dissecting room, which were sited where Nuffield House now stands. (Plate 1)

The first event of importance to the Museum in 1825 was the erection of a building to house the collection, which by this time consisted of nearly 3,000 specimens. The second event of significance

was Harrison's recognition of the fact that a good museum and the teaching of morbid anatomy was important in establishing Guy's as the leading medical school in the country. He therefore appointed Thomas Hodgkin as Curator of the Museum and lecturer in morbid anatomy, a post which he held for twelve years. Hodgkin came to be regarded as the leading morbid anatomist of that era.

The third event occurred in 1826 and concerned the arrival in London of Joseph Towne. Then began an association with Guy's which was to result in the creation of over a thousand wax models and to last for no less than 53 years. For many years the history of the initiation of this remarkable association has been inaccurate. Two years ago Mr. Lawrie and I received a letter from the widow of Mr. Rupert Towne, a direct descendant of Joseph, and as a result journeyed to East Kent to visit her and collect from her the results of her husband's research into the Towne family. Amongst these papers was a painting of Joseph Towne at the time of his marriage at the age of 26 years. As a result of studying the fruits of Rupert Towne's research we have a much more accurate idea of the events leading up to Joseph Towne's appointment at Guy's at the age of 18 years. Joseph was the son of a dissenting minister living in Royston, Cambridgeshire. His father was already a well-known artist and had exhibited at the Royal Academy. There is little doubt that Joseph was brought up in an atmosphere which encouraged him to experiment in painting, sculpture and modelling. In the early 19th century most anatomical modelling came from artists in Europe and to encourage this aspect of British art, the Royal Society of Arts in 1826 decided to offer a medal for the best anatomical model by a British

Plate 1.

artist. Joseph Towne, no doubt encouraged by his father fashioned in wax an anatomical model of the skeleton which is now on display in the lecture theatre in the Gordon Museum. Having never seen a human skeleton his achievement is all the greater, as his information came from a few stray human bones which he happened to acquire and the inadequate text books of the time. In those days, apparently, to satisfy the organisers of such exhibitions it was common practice for well-known anatomists and surgeons to testify in writing to the anatomical accuracy of the exhibits. It was in search of such support that Joseph Towne first met Astley Cooper. As a result of this meeting the latter recommended Joseph Towne to Harrison for the appointment of wax modeller to Guy's Hospital. Harrison, alert as always for the advancement of Guy's, engaged him without hesitation. I am happy to say that Joseph won a silver medal at the Royal Society of Arts in 1826 and exhibiting models of the brain in 1827 he won a gold medal.

In 1828 John Hilton was appointed Demonstrator in Anatomy to Guy's and began the series of dissections which were to occupy him for ten years and which when complete were handed to Joseph Towne to perpetuate in wax. Joseph Towne in the course of his 53 years at Guy's made over a thousand wax models, most of which we have at Guy's. Some, however, he was commissioned to make for other medical schools and subsequently many of them left the country, particularly to the United States. He was entirely self-taught and intensely secretive. All his modelling was made in his own room behind locked doors and often at night. We have no knowledge of his technique or his colouring methods, but we do possess today the simple tools that he used. We also know now that amidst his fantastic volume of work he exhibited several times and was a very keen sculptor. He won a medal in the 1851 Crystal Palace Exhibition at Hyde Park for his intricate model of a dissection of a head and neck, still in our proud possession in the Gordon Museum. Amongst his many sculptures in marble is the head of Astley Cooper, at the entrance to the medical school, the famous bust of the Duke of Wellington, now in the College of Military Science, and the bust of Lord Nelson at present in H.M.S. Dryad in Southwick.

Hodgkin's "much valued friend and able successor" T. W. King followed Hodgkin as Curator in 1837. He made new discoveries of the function and structure of the thyroid, but died at the early age of 36 years. Samuel Habershon succeeded T. W. King and made the first catalogue of Towne's models of skin diseases.

The next turning point in the history of the Museum was the appointment in 1856 of Samuel Wilks as Assistant Physician and Curator to the Museum. Wilks was the first to make the profession grasp the fundamental importance of a systematic study of pathology. His published lectures became a classic of his time. It has been said that whenever a pathologist thinks he has found something new he is sure to find that Wilks has described it before. Wilks discovered Hodgkin's Disease, but afterwards found that Hodgkin had already described the condition and therefore attached his name to it. Wilks was succeeded as Curator in 1865 by Walter Moxon, one of the most

brilliant teachers of his time, and also a fine medical artist, many of whose paintings are still in the Museum. In 1873, Charles Hilton Fagge became Curator and wrote one of the last great classics which took in the whole subject of medicine.

The next great turning point in the history of the Museum started in 1892, with the addition of a fifth year to the medical curriculum, which helped to influence the medical school authorities to embark on a giant scheme of rebuilding. Mr. H. Cosmo Bonsor became Treasurer in 1896 and was largely responsible for the great and successful campaign for the re-endowment of the hospital. In 1900 Mr. Robert Gordon, a Governor of the Hospital endorsed a lectureship in experimental pathology and in 1904 met the whole cost of a new museum building. By a happy coincidence the gift of the library by Sir Frederick Wills, Bart., was made at about the same time and the present buildings stand to this day to mark the generosity of these benefactors. For the first time the pathology collection of now over 12,000 specimens and the Towne models were gathered together in one building. In 1913 Rupert Davies-Colley, surgeon to Guy's Hospital, was appointed Curator to the Gordon Museum, a position which he held until the beginning of the last war. The first surgeon to be curator, his knowledge of pathology, with particular reference to bone tumours, was profound and was the subject of the Lettsomian lectures given to the Medical Society of London.

In 1939 the advent of the second World War coincided with the beginning of a new era in the Gordon Museum. Far reaching changes were made in the next thirty years, culminating in the present day

Plate 2.

Museum, which is one of the largest pathology museums in the British Isles. A digression into the past is appropriate here. Sir Astley Cooper made a bequest founding the Astley Cooper Prize. A triennial award of £300 for the best original essay on a selected subject was first awarded in 1844. In 1919 the terms of the award were changed and the capital sum devoted to payment of a yearly salary for an Astley Cooper Studentship held for three years. The holder acts as assistant curator and is expected to undertake constructive work in the Gordon Museum. In recent times the studentship has been held by a series of surgical registrars. In 1939, Davies-Colley retired as Curator and Keith Simpson (now Professor Keith Simpson) was at that time the Astley Cooper student. He continued in the studentship until 1946, when he was appointed Curator, a position he held until 1965. Professor de Navasquez succeeded him until 1970.

During those thirty years a series of changes occurred in the Museum, which were initiated by Professor Simpson and continued by Professor de Navasquez. Many old and unsatisfactory specimens were discarded and replaced by new ones. A sub-museum of forensic medicine was established. Without interfering with the basic structure of the museum, which is one of the few remaining examples of the "glass and iron" age of architecture, modernisation has gradually taken place. 1961 saw the appointment as Senior Technician of Joe Daws, whose fertile mind and great technical skill has wrought so many improvements in the last eleven years.

Professor Keith Simpson and Professor de Navasquez were enthusiastic supporters of a concept of the educational value of a pathology museum and I cannot do better than quote the latter in a *Gazette* publication two or three years ago, shortly before he retired :

"The educational value of museums of pathology has currently been disputed in many medical schools and many have allowed their museums to run down or be converted into experimental laboratories, believing that the space was too valuable to house a static collection. This narrow view ignores the relevance of the past with its landmarks tracing the progress to modern medicine and frequently serving as guides for the future. We are what our ancestors made us."

Since then the construction of a continuous shelf around the galleries has resulted in much greater convenience to students using the Museum and encouraged the steadily increasing use of the collection for tutorials. The establishment of a photographic unit in the Museum by Joe Daws and a comprehensive collection of colour photographs of the exhibits has led to a much more valuable use of the latter in lectures and group teaching. Extensive use of the specimens in the Gordon Museum has been made in the preparation of standard textbooks, particularly Systemic Pathology Vol. I and II by Payling Wright and Symmers. (Plate 2)

It is apparent that we are again entering on a new era in the life of our pathology Museum. The decreasing emphasis on formal lecturing and the increasing use of small group teaching in the form of tutorials, the use of visual aids, exhibitions and tape slide sequences have long been recognised by the staff of the Museum. The surgical exhibitions and pathology quizzes have now for many years been sited

in the Museum. Dr. Alan Stevens and Mr. Guy Hartfall have spent many hours recently in re-organising the sections. We welcome Mr. Roger Lallemand as the Astley Cooper Student and Dr. David Turner as Assistant Curator, who with Dr. Stevens will be completing the re-organisation of the remaining sections and expanding the number and quality of the pathology quizzes. The Herbert E. Dunhill trust has generously donated a large sum for the Dermatology Section and plans have been drawn up by Dr. Wells for re-organisation of this Section with the establishment of small bays for group tutorial and for several tape slide programmes. Plans for the building of further tutorial space on the roof are about to be submitted to the University for approval. A desk viewer for 2″ x 2″ slides will soon be available for tutorials in the Museum. Finally a collection of clinical colour slides will be expanded and catalogued for the use of anyone teaching in the Museum.

The original specimens of Thomas Hodgkin, Richard Bright and Thomas Addison are now surrounded by a collection of pathology specimens which is constantly reviewed, revised and replaced as new and better examples are available. I look forward to the future with confidence. The original inspiration of Harrison at the end of the 18th Century, the work of Thomas Hodgkin, Samuel Wilks, Davies-Colley, Professor Keith Simpson and Professor de Navasquez continues. The "static" collection forms a backcloth to the increasing activity of modern undergraduate education in a building of intrinsic historical interest.

Congratulations to Guy's Gazette on its centenary and best wishes to all members of the Hospital.

Nulacin Bencard

Orovite Bencard

Alavac-P Bencard

Juvel Bencard

Asebine Bencard.

Parentrovite Bencard

Amoxil Bencard

Normex Bencard

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Full information is available from Bencard, Brentford, Middx.

Alavac-P*:	extracts of 12 grass pollens.	Nulacin*:	selected antacids and milk solids.
Amoxil:	amoxycillin.	Orovite* and Parentrovite*:	high concentrations of vitamins B and C.
Aserbine*:	organic acids in propylene glycol.	SDV:	Specific Desensitising Vaccine.
Juvel*:	vitamins A, B complex, C and D.		
Nacton forte*:	poldine methylsulphate.		
Normax*:	D.O.S.S. and Danthron.		

*regd

William Lockhart —

Pioneer of Medical Missions and First Guy's Missionary

by Simon S. Brook

The *Gazette* of the 9th May, 1896, contained an announcement of the death of William Lockhart with an obituary from the *Standard*. While this obituary is detailed, it provides no record of Lockhart's relationship to his alma mater and gave the reader little insight into the astonishing achievements of this born pioneer, who served as a medical missionary in China for nearly 25 years.

On his return to England from Shanghai, numerous Chinese merchants and gentlemen wrote a "respectful eulogium" as a "memento of the meritorious excellences of the English surgeon, Mr. Lockhart". This article will seek to endorse this Chinese record and thereby play some further part in the titration of East and West medicine, as Needham has so aptly described it.

Pioneers meet and Paintings are placed

Born in 1811, the Liverpudlian Lockhart attended medical courses at the Meath Hospital in Dublin and Guy's, passing his examinations at the Apothecaries' Hall in 1833, and graduating M.R.C.S. a year later. After four years medical experience, he was appointed by the London Missionary Society as the first European medical missionary to the Chinese.

Following the first year of Queen Victoria's reign, he sailed from Gravesend and no less than three-and-a-half months later arrived at Djakarta (Batavia). He then proceeded to reach Canton in January, 1839, where he met the Rev. Dr. Peter Parker, taking over his hospital in Macao that summer.

Peter Parker (not to be confused with Thomas Guy's publishing partner), was the first medical missionary to China. A Yale graduate, he opened the first hospital at Canton in 1835, being provided with a building in Hog Lane, through the generosity of the famous Chinese merchant Hou Qua.

However, work begun well by Parker and then Lockhart could not be maintained, as to put it mildly "political complications arose" and "in prospect of the protracted interruption of friendly intercourse between the British and Chinese", Lockhart returned to Java for a while and Parker prepared to visit America and England to advertise his work. This advertisement was given to Guy's in many ways, but most prominently has it been maintained over the years by the display of 23 restored paintings in the Gordon Museum. The Chinese artist Lam Qua, taught by the Englishman George Chinnery, painted gratuitously the more remarkable of Parker's patients and as Lockhart wrote "These paintings form an interesting series of charac-

teristic maladies, and when Dr. Parker was in England, on one occasion, he presented a set of them to the Museum of Guy's Hospital, where they excite the surprise of students and visitors". This excitement has continued to the present day as Pitt has well recorded.

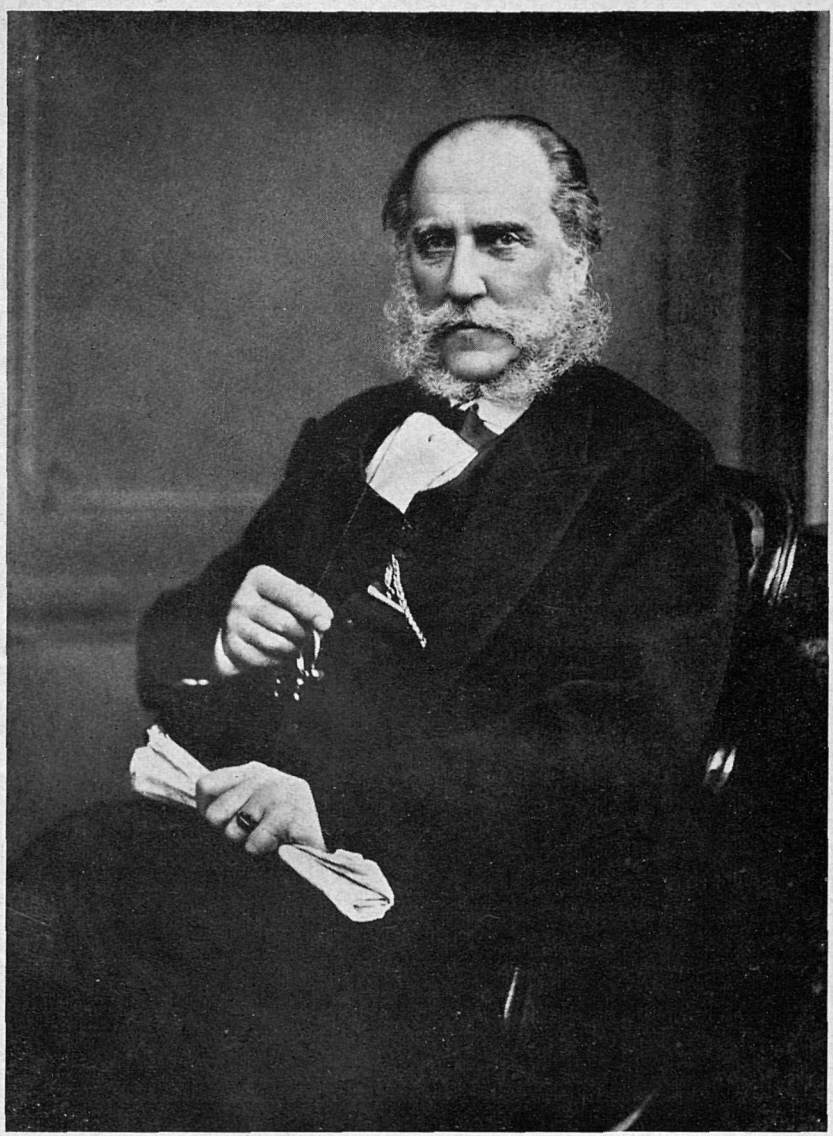
Troubled years linked by a medical certificate

The years of 1840-42 were eventful for these pioneers. While Parker was leaving for New York, Lockhart returned to Macao and reopened the hospital, which was then placed under the care of the American Dr. Diver and the University College Hospital Dr. Benjamin Hobson. (The latter became the first man to translate western medical textbooks into Chinese). At the same time, due to the "Opium War", the famous Dr. David Livingstone had to switch his interest from China to Africa, having been inspired to go to China by reading the account of the missionary Gutzlaff voyaging along the China coast. In 1842 when the treaty of Nanking was settled, Gutzlaff's wife suffered from "severe indisposition". Her medical certificate, signed by three doctors including Hobson and Lockhart, was even duplicated and provides a fascinating link between these pioneers, besides a visual record of the importation of western medicine.

Five hospitals and nearly a quarter of a million patients

From Macao, Lockhart had made the first efforts north of Canton, opening a hospital in the island of Chusan, near Ningpo, then occupied by English troops, but in which he served the Chinese. On evacuation he returned to Macao and married Catherine Parkes, the elder sister of Sir Harry Parkes, who became the British Minister to China and Japan. After the treaty signing, Lockhart went to Hong Kong, superintended the building of the hospital there, returned to Chusan to open the hospital again but by 1844 he had opened a fourth hospital, his first in Shanghai. 10,978 patients had been attended here in fourteen months and he continued this most successful work until 1857, by which time he stated that he had dealt with over 200,000 patients in all the places he had worked!

Having returned to England and being made F.R.C.S. he could not rest from China, returning there as the senior physician to the British Legation. In 1861 he thus became the first to practise western medicine in Peking, where he started yet another hospital and later when the Peking Union Medical College was established, it was also called the Lockhart Medical College. Two-and-a-half years later, 30,000 patients had been treated for all classes of disease and his brother-in-law Sir Harry Parkes wrote: "Your hospital I look upon as the most marked incident in our relations with China, that has occurred since the signing of the last treaty". But after three years, family circumstances necessitated his return to England, where he practised at Blackheath, promoting the cause of medical missions until his death in 1896.



William Lockhart

Introduction of Western Medicine

Consideration of two diseases and of surgical enterprise bears much testimony to Lockhart being an introducer of western medicine.

Vaccination—"The Chinese in the south of the country had been made acquainted with the principle of vaccination; but in the north

of China it was wholly unknown until I introduced it, shortly after my arrival", he told a missionary soirée in 1860.

Eye disease—As with the experience of earlier doctors, diseases of the eye were very amenable to western treatment. In particular he referred to epidemics of purulent ophthalmia. The fall of temperature by as much as 30° - 40° in 24 hours in North China was considered by Lockhart to be one of the predisposing factors in acute eye disease.

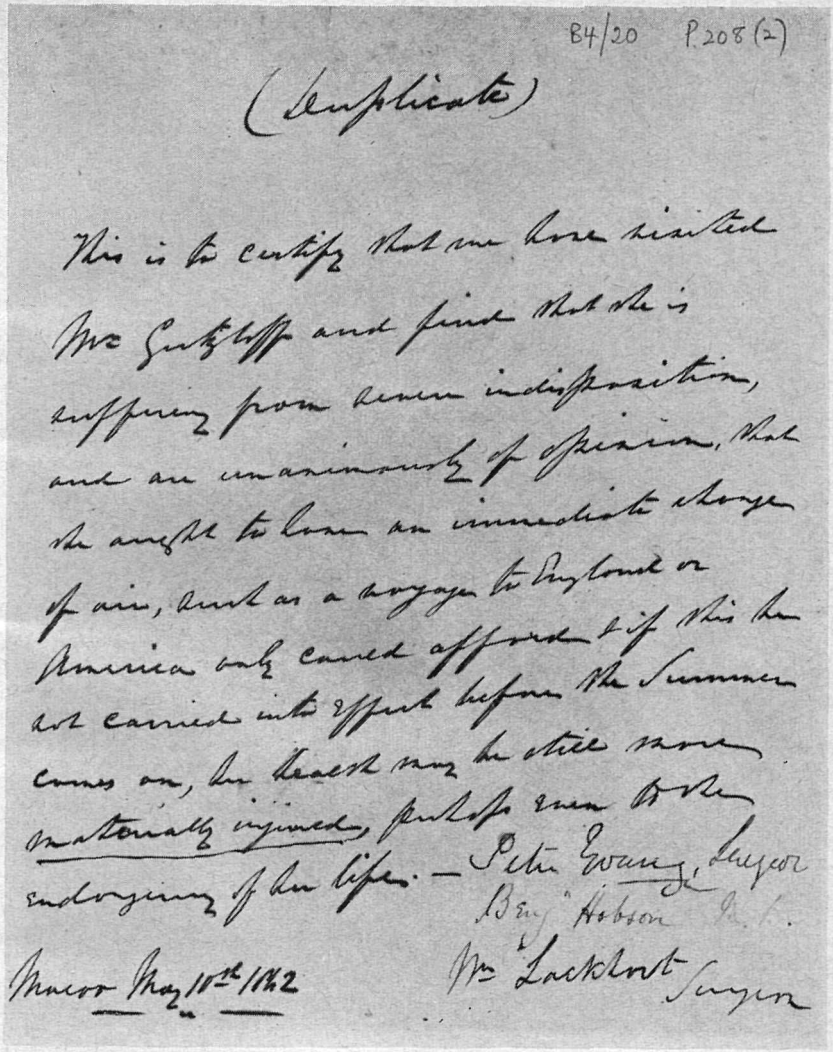
Surgery—Many instances of the value of European surgery and the use of the hospital were recorded in Lockhart's copious reports. Profuse haemorrhage was a classical example of this. Playing with another boy, a boy was wounded by a sharp knife, which was accidentally drawn across the elbow region. "All the large veins were divided and he would probably have bled to death. Pressure carefully applied stopped the bleeding and the boy did well". On one occasion Lockhart himself was nearly murdered, while the wounded in battles around Shanghai, provided him with much hard work, "yet such was the confidence in the relief afforded at the hospital, that in its wards were to be found at the same time the wounded pirates, the imperialists and the poor unfortunate natives who had been wounded by both parties, all receiving equal attention and the best aid we could afford".

Appointment systems and teaching—When such emergencies did not arise "patients were summoned to the dispensary by twos, according to the number of their tickets" and as they left "paper tickets are given to them stating when they are to return". So one hundred and thirty years ago in China, they were blessed with medical certificates and hospital appointment cards. Is there nothing new under the sun? They even endeavoured to teach students, although Lockhart had little encouragement as several of his students would not stay the course.

Patients' paintings—Like Parker, Lockhart had many permanent records of patients' gratitude given to him in the form of wooden tablets which he hung in the hall of the Shanghai hospital. One example stated "Shin-e-miau-shau"—"The skilful surgeon with the wonder working hand". This was written by a patient who was delighted by the removal of his tumour. The Lam Qua paintings of Parker's patients amazingly demonstrate such surgical cases—an excellent early record of medical illustration, in colour.

Papers, Books and a Photograph

Lockhart was concerned in contributing original papers to the pages of the scientific journals. The titration of East and West was made in this way by him as early as 1842 when he published a "Treatise on Chinese Midwifery" in the *Dublin Journal of Medical Science*. His much quoted work of "A Medical Missionary in China —a narrative of 20 years' experience" besides describing early foreign medical work in China, also formed one of the most valuable sources of information on the history of China during the first six decades of the 19th century.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(Duplicate)

This is to certify that we have visited
Mrs Lockhart and find that she is
suffering from severe indisposition,
and are unanimously of opinion, that
she ought to have an immediate change
of air, such as a voyage to England or
America only could afford – if this be
not carried into effect before the Summer
comes on, the disease may be still more
constitutionally confirmed, perhaps even to the
endangering of her life. – Peter Ewart, Surgeon
Benj. Hobson M.D.
Wm Lockhart Surgeon

Manor May 11th 1842

Medical Certificate, 1842.
(By permission of Jardine Matheson Archive)

The introduction of the Library Catalogue of Lockhart's old missionary society records that "the results of his wide experience and of his indefatigable labours are seen in the costly, valuable and unique collection of works, comprising some 3,800 books, and pamphlets, relating chiefly to China and the Far East". Collected during what leisure time he had, this library he gave to the London missionary society records that "the results of his wide experience This former society, now known as the Congregational Council for World Mission, is transferring this collection to the School of African and Oriental Studies, while generously giving a superb portrait photo-

graph of Lockhart to Guy's. (The department of surgery has helped with the restoration, framing and labelling of this old photograph which provides the Museum with a visual connection between the Parker paintings and Guy's.)

Before this photograph was taken, the Chinese in their eulogium had amusingly described this pioneer: "Mr. Lockhart's intelligence is the gift of Heaven, while his talents are worthy of his country; his stature is of portly bulk, his nose of graceful prominence; in front he is a very Buddha and his fist is of spherical outline". As a Christian man, Lockhart would have been the first to recognise that all his ability was the gift of Heaven. We can thank God for raising up such a man who amply demonstrated the motto of his teaching hospital that it is "more happy to give than receive".

Postscript

This article has been specially written to celebrate the Centenary of the Guy's *Gazette* and the 125th anniversary of the Guy's Hospital Christian Union. The latter has been responsible over the years for providing and helping medical missionaries to imitate Lockhart's example. Gratitude must be expressed to the *Gazette* for publishing such needs over the years. These may still be supported by donations to the Guy's Hospital Missionary Fund.

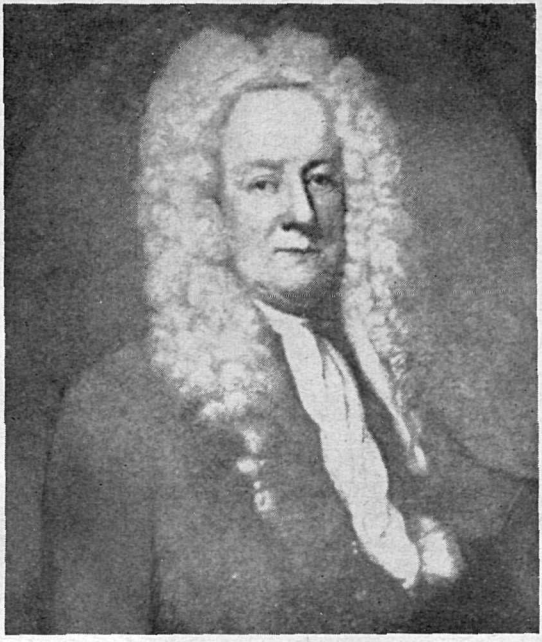
Thomas Guy : A Short Biography

Miss I. H. Dodd

Guy's Hospital first opened its doors to the sick and suffering in January 1725, just one year after the death of its founder, Thomas Guy. Guy had been a rich and successful businessmen, but more importantly than this he had been a man whose pity for the needy and sympathy for the sick and unable had led him to devote much of his life and all of his fortune to the alleviation of their misfortunes. Actually the founding of "Guy's Hospital for Incurables" (as it was originally named), being his greatest and most lasting endowment, has tended to overshadow his many other acts of benificence, not to mention his acumen in the world of commerce.

HIS YOUTH:

Thomas Guy was born in 1645 in a house in Pritchards Alley, two doors east of the Church of St. John of Southwark, not far from the site where stands our hospital today. The church and Fair Street survive, but no trace remains of Pritchard's Alley. His father, an anabaptist, was a collier and lighterman—which tells us he was a man of no small means. Such a trader was possessed of several barges which would collect coal from the great vessels lumbering up the Thames Estuary in endless procession from the North—"Sea Coal" they called it—and deliver it to the many wharves



Thomas Guy.

of the Thames Basin. The good man died whilst young and Anne Guy, Thomas's mother, lost no time in retiring to her birth-place, Tamworth, with the eight-year-old Thomas and his younger brother and sister. The mother married again in 1661 but the family remained in Tamworth and here it was that Thomas Guy was reared and received his education.

It is most probable that he attended Tamworth Grammar School since the widowed Mrs. Guy is unlikely to have been able to afford private education for her fatherless progeny. Guy probably spent a happy childhood in this country town in Warwickshire since later in life he not only made donations to the Grammar School but also instituted an Alms House for the poor of Tamworth, provided for a magnificent Town Hall there, and eventually represented the people of Tamworth in Parliament.

HIS TRADE :

His scholastic education completed, Guy returned to the city of his birth (London) and was bound apprentice to a bookseller and bookbinder, one John Clarke, in Mercer's Hall Porch, Cheapside. At the end of his apprenticeship he was admitted a freeman of the Stationer's Company, and on 6th October, 1673, he was admitted into the livery of that company. He cannot have been really poor, even at the start of his career, since on completion of his apprenticeship he at once started his own business. He acquired premises in a most favourable position—the junction of Lombard Street and Cornhill,

where these two projected into the open space known as the Stocks Market—and the shop was furnished with £200 worth of books.

In those days there existed a large and profitable traffic in English Bibles which had been printed in Holland and not by one of the only bodies in England authorised to do so: the King's Printer (a title granted in the reign of Queen Elizabeth), the City Company, and the Universities of Oxford and Cambridge. The English Bibles were expensive, too big for family use, and of poor quality. Thomas Guy was quick to realise that imported Bibles could be sold easily and "more or less" legally. It is debatable whether his astute business sense or his desire to bring the Word of God into the houses and hearts of the poor people was the prime motive factor, but anyway the system was successful in both directions. When the active intervention of the King's Officers forced Guy to abandon the project, his previous success as a printer and his rebellious attitude to the Company of Stationers led to his appointment in conjunction with a wealthy partner, Peter Parker, as Bible Printer and seller for the City Company's greatest rival, Oxford University Press. The partnership continued successfully for fourteen years until 1692, at which time it is estimated that a profit of between £10,000 and £15,000 had been shown on the University contract.

COMMERCIAL SUCCESS

Apart from the donation of many and very generous gifts of money to various needy causes (of which more later), Guy must at this time have been in some quandary about what he could do with the fortune which he had amassed. He is said to have invested at least some of his money in "Seamen's Pay Tickets", but there is some controversy as to how much, and when. Maitland explains that during Queen Anne's expensive wars against France " the poor seamen aboard the Royal Navy instead of money received tickets for their pay—which those necessitous . . . men were obliged to dispose of at 30, 40 or even 50 in the hundred discount. Mr. Guy, discovering the sweets of this traffic, became an early dealer therein." But Guy could certainly not have been " an early dealer" because the system was instigated during the reign of Charles II—at a time when our Thomas was yet but a poor apprentice. It is more logical to assume that by the time the traffic had reached the state of organisation achieved when Guy bought his Seamen's Tickets he was in fact investing in what amounted to a Government Security. It was due to the possession of these and other Government Securities, and the transference of his holdings to South Seas Stock, that Thomas Guy made most of his money and all of his commercial reputation. He had the good sense to sell out before the South Sea Bubble finally burst and became one of the prudent few who benefited from the spurious attempt to pay off the National Debt.

HIS OUTSTANDING GENEROSITY:

This, then, is how our founder accumulated his wealth. But although he would have had every right to live in luxury and to dissipate his fortune in extremes of self-indulgence, Guy seems to have

been more interested in the game of getting money than of spending it. Himself he lived frugally without so much as a personal servant to attend to him, and virtually every penny he earned he passed on to some mortal less well endowed than himself. He began to send presents of money to his own family in Tamworth in the earliest and poorest days of his own career. Just nine years after he had set up his own business we read of a generous contribution to the rebuilding of a class room of Tamworth Grammar School. The following year he bought some ground on Gungate, Tamworth, and "did thereon erect a comely large building which cost about £200, where he doth bountifully provide for six poor women there inhabiting and hath given a fair large room therein for a library." He contributed money also for the conversion of a large barn into a spinning school for the local children, and in 1692 made provision for the original almshouse to be extended by adding seven more rooms for seven poor men and by providing for their maintenance. In 1701 he gave to Tamworth a new and magnificent Town Hall with a space below to hold the weekly market. (Although little used this hall still stands today.)

It was not only the Tamworthians who benefited from Guy's outstanding sympathy and generosity. He is known to have given £100 for the support of the 14,000 refugees from the Palatinate who were housed in and around Southwark in warehouses and in tents; a further £1,000 to the Stationer's Company for the use of the poor thereof; and even, at Christmas of 1721, there is a record of a gift of 100 Guineas for deliverance of debtors from the Debtors Prison. And of course he made countless gifts of money both to St. Thomas' Hospital, of which he was elected Governor in 1704, and to the needy patients when they left its care. As many of his good deeds only came to light after his death it is believed that many more were unrevealed. It is certain that at all stages of his most successful career, his fortune was no sooner made than it was expended.

HIS REPUTATION:

Derogatory posthumous anecdotes surround the life story of Thomas Guy—as with all men who achieve success in life. It is only because he was so *very* generous that fortunately the "good" that he did is not "interr'd within his bones". Nonetheless it is interesting to review (and criticise) some of the accusations levelled against him.

John Dunton (an erstwhile fellow bookseller), who once said of Thomas Guy that "he entertains a very sincere respect for English Liberty. He is a man of strong reason, and can talk very much to the purpose on any subject you care to mention. He is truly charitable, of which his Almhouses for the poor are standing testimonies", was later to couple the gentleman with his own Mother-in-law; "These two scraping and useless wretches, Thomas Guy and Mme. Jane Nichols, liv'd undesir'd and died unlamented . . . giving nothing to the Poor in their life time". This may well be true of the embittered fellow's mother-in-law but it is clearly, as I have shown, untrue of Thomas Guy. So grateful indeed were the people of Tamworth to

their benefactor that for the seven years from 1695 to 1707 they chose him to represent them in the Commons in the Whig interest. It is unlikely to be strictly true that following his non-election in 1708 the thwarted M.P. threatened to pull down the handsome town hall he had so recently built; but it cannot be denied that after this date all recorded acts of charity were to bodies in London, and provision made for the Tamworth Almshouses in his will stipulates that the rooms shall be occupied by residents not of Tamworth but of neighbouring towns.

His reputation as a dear man of sound judgment must have stood in London too, since in 1694 Guy was chosen as Sheriff. He declined the offer, however, preferring to pay a fine, and thus practically declining the mayoralty.

Perhaps the most famous tale of Guy's miserliness, and one which albeit amusing cannot be true since it has been attached to many famous (rich) names both then and now, is that linking him with a contemporary renowned miser (who also made his money from the South Sea Bubble), "Vulture" Hopkins. This gentleman, it is said, called one day on Thomas Guy who conducted him to his parlour which was lit by a single farthing candle. The visitor explained that he had come to learn a lesson in frugality from one whom he had heard was greatly his own superior in thrift. "If that is all you have come about", said Thomas Guy, "then we may very well discuss it in the dark". And he extinguished the candle.

HIS HOSPITAL:

St. Thomas's Hospital used to stand on the ground which faces Guy's Hospital main entrance today. Thomas Guy had his business in the City and was wont to walk across (the original) London Bridge and visit the place. He was extremely generous in his grants of money to further the interests of the hospital and in 1704, at the age of 59, was elected to the Board of Governors. He was one of its principal and most active managers. Amongst several other acts of generosity in 1707 he built and furnished three new wards, to accommodate sixty-four patients, at a personal cost of £1,000, and from 1708 onwards contributed £100 annually for their support. He also often sent friendless persons to the Hospital with instructions to the Steward to give them assistance at his own cost.

In his capacity as Governor it often was the duty of Thomas Guy, on Take-in day, to preside at the ceremony of passing out those patients deemed fit enough to leave. Guy realised that several of these unfortunates, although perhaps not in urgent need of medication, yet were completely unfit for work or a normal way of life. He knew them as "incurable" and it was with such people in mind that the idea of his own hospital grew up.

A physician of St. Thomas's and a personal friend of Guy's, on his resignation from the staff that hospital (in 1715) was appointed Governor of the same. This man was Dr. Richard Mead. Trained at Leyden, the most famous Medical School of the day, Mead was in many ways ahead of his time in his attitudes towards Medical Educa-

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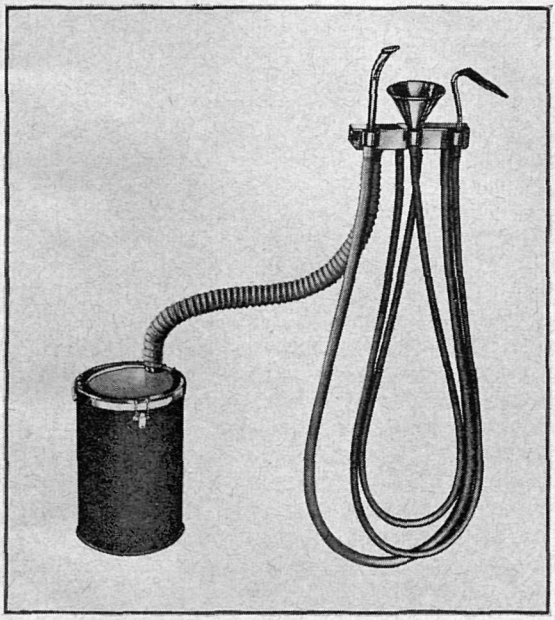

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tion. When, in his old age, Guy found his fortune increased five-fold by the South Sea Stock venture, it was his friend Mead we are told who prompted him to devote his wealth to the building and equipment of a new and splendid hospital.

The hospital was to cater for ex-patients of St. Thomas's hospital, and that it should be conveniently close in 1722 Guy bought the 999 year lease from his fellow Governors of the patch of ground on the opposite side of St. Thomas' Street. The hospital was duly erected—in the beginning it consisted of the building around the two quadrangles divided by the colonnade which today are "Guy's House". The East and West wings were added some years later.

Unfortunately Guy did not live to see his hospital completed—his death occurred on 27th December, 1724—he was 79.

In his will he leaves more than £200,000 to Sir Charles Gregory Page, bart; Charles Joye, treasurer of St. Thomas's Hospital; and several other of its governors, including Dr. Richard Mead, to complete his hospital for 400 sick persons who might not be received into other hospitals from being judged "incurable", or only curable by long treatment. Lunatics up to the number of 20 were to be received for similar reasons. The executors and trustees were to purchase lands, ground rents, or estates with the residuary estate, and maintain the hospital by the proceeds, any surplus to be applied to the benefit of poor sick persons or for other charitable uses.

His body lay in state in the Mercers' Chapel, Cheapside, and when it was moved to St. Thomas's Parish Church the procession included forty coaches, each drawn by six horses, and before the hearse marched two hundred Bluecoat Boys from Christ's Hospital, singing the Funeral Service.

When the Chapel of Guy's Hospital was completed in 1778 the remains were removed and replaced in the crypt. A monument by Bacon was erected in 1779 at the East end of the Chapel, which bears the following inscription:

"Underneath are deposited the remains of Thomas Guy, citizen of London, Member of Parliament and sole founder of this Hospital in his Lifetime. It is peculiar to this benificent Man to have persevered, during a long course of prosperity and industry, in pouring forth to the wants of Others all that He had earned by labour or withheld from self indulgence. Warm with Philanthropy and exalted by Charity, his Mind expanded to those noble affections which grow but too rarely from the most elevated pursuits. After administering with extensive Bounty to the claims of Consanguinity. He established this Asylum for that stage of Languor and Disease to which the Charity of Others had not reached; he provided a Retreat for Hopeless Insanity, and rivalled the Endowment of Kings. He died the 27th of December, 1724, in the Eightieth Year of his Age."

What Price The Kaiser?

K. N. Bullock

The character of news reporting in the *Gazette* has fluctuated considerably during the last hundred years, ranging from austere beginnings to inclusions smacking of frivolity—a fluctuation which seems to reflect the basic character of the magazine.

The first *Gazette* of Tuesday, 1st October, 1872, contained a section of Hospital news encompassing lists of lectures, admissions to the wards and summaries of interesting cases. Amongst the "General News" the early readers found:

> "Up to 4 p.m. on Monday, 41 new students had entered their names on the books of the Hospital."
>
> "There will be no operations on Tuesday the 1st. Mr. Bryant will probably amputate through the thigh on Wednesday."

Thus began a series of items of information for the students of Guy's which has continued to the present day. The second issue contained a "Hospital Notebook" of epithets worthy of memorisation by the diligent student:

> "Epithelioma of the tongue does not differ from cancer on any other mucous surface. The whole tongue may be removed and no particular inconvenience felt."

Perhaps this observation was based on the fact that the patient never complained verbally. This also marked the introduction of past exam questions at the expense of the news which simply became a catalogue of the diagnoses of admissions to the wards. Would this not be an ideal method of publication nowadays? Hardly so, since the patient in Barnabas Ward with "gastrodynia" would doubtless object to a hundred medical students coming to examine him every day.

The news presentation continued in this vein until the news section as such disappeared almost completely in 1876, to be replaced by clinical medical and surgical case histories along with specific problems of patient management. This presentation was interspersed with lists of appointments, duties etc. However, in June, 1876, "Notes of the Month" made an appearance, giving consolation to those people who were worried about the welfare of the Guy's nurses:

> "Our readers will be glad to know that an endeavour is being made to train the Guy's Nurses who, up to the present time, have had no regular system of instruction. . . . The Nurses have for so many years been distinguished for the efficiency of their scrubbing. . . ."

By 1902, the rather disorganised presentation of the news had been abandoned in favour of a system whereby it was included in "Passim", with "Guy's Calendar", fixture lists and pass lists published separately. The news was then intended to be a statement of fact followed by appropriate editorial comment. However, in its lighthearted moments, it did quote the case of a lady admitted to the wards

with an "overture of the stomach" (according to her husband). This provoked the suggestion for patient management:

> "This patient should be seen by a Doctor of Music, for this is obviously a case that requires careful Handelling. A Mendelssohn surgeon might start Chopin her Bach and not only cause her Griegous bodily harm but Gounod good. . . ."

By 1912, the *Gazette* was emerging in the form we all know, yet there was still no specific news section. Any interesting or relevant pieces of information were included in "Passim" or slipped into other vacant niches of the pages. However, the mind boggled at the announcement of a case presentation entitled, "A Case of Trigeminal Neuralgia treated with Ileocolostomy". What would the neurologists of 1972 have to say about that?

Over the next twenty years, the news format changed very little but continued to be a mixture of statement and opinion. During the 1939-45 War, news items were few and far between. But do not fear; Guy's *Gazette* was not shirking its responsibilities to the War effort:

> "The rapid shrinkage in the size of the *Gazette* during the past few months has been a direct result of the need for strict economy in the use of paper throughout the country."

Nevertheless, the *Gazette* found space for announcements such as the intention to grow Atropa belladonna in front of the Nurses' Home since the Hospital's supplies were tottering on the brink of extinction. This provoked a considerable degree of anxiety around the Hospital and perhaps announced the end of the age of apathy and the beginning of the era when the students felt it their duty to comment on and criticise items of news cast in their way.

By 1952, the *Gazette* had emerged in the form as we know it. The main news was still produced by the editors within "Passim", although "Guy's Diary" had now been included for the benefit of the students. From this point onwards, the transmission of the news from sources to readers took a step in the right direction with a corresponding increase in the feedback from readers of "Hospital News". During the course of the next few years, reporting consisted mainly of a "Guy's Diary" with a certain amount of information retained within "Passim".

However, it appears that in July 1962, the editor could no longer control his enthusiasm over Hospital events:

> "The past few weeks have been full of incident. The College Catering Co. has offered second helpings to the residents; one of our consultants has been mentioned in 'Punch'; the letter rack in the Colonnade has been abandoned; and a lorry collided with the College."

Yet, as is true nowadays, the "old place" carried on very much as usual. From then until as recently as 1969 was rather a barren time for the news section. It might be pointed out that at no time in its history up until 1970 had there been a specific position of News Editor; the responsibility for spreading the news lay firmly upon the shoulders of the editors. It is only in the last couple of years that "News in Brief" made an appearance in the *Gazette* for the first time.

It now fulfils the function of informing people both within and outside Guy's Hospital of events concerning the Hospital and those working in it.

What of the future? At present there seems to be no reason for believing that there will be any drastic changes in the style of news reporting in the *Gazette*. In fact, there has really been very little change over the last hundred years. One thing is certain, though; we have seen the last of descriptions of enterprising undertakings, as reported in the past:

> "And the milk churn came out and they burnt an effigy of The Kaiser before the Colonnade."

Except that nowadays we would not, perhaps, be content with effigies but would demand the real thing. . . .

Things Have Changed

Professor G. A. D. Haslewood

The present atmosphere in the Medical School building at Guy's is not so very different from that in science departments in universities generally. There is an academic staff, appointed mainly for its ability to make discoveries in natural science, and a teaching programme continuously under review with the usual, apparently world-wide, arguments about the curriculum and the merits of closed-circuit television, computers, multiple-choice questions, continuous assessment, integration and all the other panaceas for improving the training process. Student opinion or reactions to all this are extremely hard to assess; most staff seem firmly convinced that their own ideas are the best.

When I came to Guy's in May, 1939, as Reader in the Physiology Department, it wasn't like this at all. Little research was being done except in the M.R.C. Research Unit and the Chemistry Department, which was a good scientific department under Professor C. S. Gibson but completely divorced from the rest of the Medical School. There had been an outstanding period in Pathology but I saw little evidence of it then. The students seemed a very cheerful, extroverted and husky lot, many of whom had obviously been selected for their ability at Rugby Football. I had come to know one or two before then and thought them to be what is now the Richard Gordon type : essentially non-academic, hard-drinking, womanising, athletic and cheerfully straightforward men (there were no women). Teaching consisted of lectures and mass practical classes, at all of which minimal attention was paid to the individual student. A good deal of time was spent in "The Ship and Shovel". If you listened, worked and had the ability you got on; if not you failed your exams. That only mattered if you didn't have the money to remain. There were students who had been at Guy's for years and never even sat for an exam; they used the place as a social and sporting club. Student rags were a regular feature of London life and the resulting fights to capture the mascot of some other Medical School or College were indulgently regarded as "young gentlemen at play".

The events that really changed all this for us took place in 1940 at Tunbridge Wells. At the beginning, in October, 1939, there was the same hard-drinking cheerful atmosphere with many escapades and pranks to liven up the exile, but the fall of France in 1940 put a sudden stop to all that. Most of the students and staff joined the L.D.V. (later Home Guard) or the fire-watching services and many took part in the reception at Pembury of the B.E.F. rescued from Dunkirk. The skies above Kent were the daily scenes of attempts by the Luftwaffe to overcome the R.A.F. A feeling of backs-to-the-wall seriousness, strengthened by Churchill's magnificent broadcasts, made us feel that the old happy-go-lucky ways would not do. We decided, at a meeting in Sherwood Park, that there would forthwith have to be strict rules, aimed at the maximum production of doctors and dentists in the shortest possible time. These rules have formed the basis of academic discipline since then and marked the birth of the present-day Guy's.

After the war, when E. R. Boland became Dean in place of T. J. Evans, there was a steady growth in the number of full-time teachers until, now, Guy's has academic departments in the main branches of medicine and dentistry and is only waiting for money to establish them in all specialities. Boland always saw that the tide would run this way and used his great ability and drive, as well as considerable cunning, to help to bring it all about.

It takes many more people, teachers, technicians and administrators, to train a given number of students today than it did in 1939 and, in real terms, it is correspondingly much more expensive. Is the result a better doctor? Certainly the old-time student, many of whom I knew as pre-clinicals, usually made a fine, conscientious and hard-working practitioner. His descendants are better grounded in science and I have seen little to complain about in their general outlook or medical practice. It is costing the community more, but I believe that Guy's is still doing a first-class job.

Why Guy's ?

Dr. G. L. Davies

The thought of writing an article for the *Gazette* always brings to my mind an invisible body of highly intelligent and critical people, amounting in number to some thousands, scattered all over the world. These are the Guy's men and women who, at least, open their fortnightly copy of the *Gazette,* and who will, probably, read Passim if nothing else. What a difficult problem the Editors must have trying to cater every two weeks for such a diversity of human beings, all, nevertheless, linked by a common interest—the healing or relief of human sickness.

"What made you go to Guy's?" I was sometimes asked, and the only suitable answer I could think of was, "where better"? Was it wise, in any case, I wondered. Brought up in the classical tradition at school, could I trust myself to commence a new kind of educational discipline? Time only would show, but, first of all, I had to resign

from another "job" (that distasteful maid-of-all-work word), burn all my boats in fact, and resign myself to having no income for at least another six years. For some reason, quite forgotten now, I called to see Professor Hallyburton at King's, the author of that fat tome on Physiology, and consulted him as to my possible prospects. His reply was, in a way, reassuring, but rather like the answers of the Delphic Oracle, too, for he added that they had men there who had been studying medicine for twelve years, and were still not qualified. However, I knew that that just wasn't allowed at Guy's, where the motto appeared to be, "Get on, or Get out". And so, in some state of indecision, I went on to Guy's from King's, and a pleasant, if brief, interview with Mr. Lancelot Bromley who was then in occupation of the Dean's office. Hearing that I had taken the "Inter Arts" of London University and part of the final B.A. a few years previously, he made no bones about admitting me to Guy's as a medical student. Incidentally, what a charming fellow "Lancelot" was, and surely, an Adonis to the female members of the Staff. Some three to four years later, with my 2nd M.B. in my pocket, so to speak, I stood on the opposite side of his operating table. Somewhat gingerly holding on to the end of a retractor, and a bit fearful of what was going on down there in front of me "before my very eyes" (to quote a well-known comedian), I caught him looking at me quizzically more than once, no doubt wondering where, in some previous existence, he had seen me before. It was sad to hear of his rather early death some years later, though it was not at sea as I had previously been told. Many generations of men, and women, too, probably, have passed out of Guy's since I left, all no doubt with different impressions, governed by their different contacts whether of Staff or fellow students. If they are anything like myself, those days will be firmly impressed on their minds for the rest of their lives.

The essential nucleus of a Medical School to the student is the Staff; the Surgeons, the Physicians, the Gynaecologists, and so on, and what they say is "gospel" to him for many years, if not for the whole of his professional career. What Sir Alfred Fripp (alias, "The Baron") or "Bobby" Rowlands, or "Tubby" Layton (so-called because of his initials T.B., and not because of any obesity), or Sir Arthur Hurst, or John Ryle, and so on, said remains firmly implanted for life. Drugs may come, and drugs may go, but what those great men said round the bedside left its mark until some very good reason was found to upset it. And let us not forget some of those ancillary members of the Staff who abide in the memory for one reason or another. There was that sister in Charity Ward; tall, angular, brisk and authoritative in manner, and somewhat haughty to mere ward clerks as she ushered "Sir Alfred" into her sanctum for a cup of tea after his ward round. Down below, on the ground floor, another sister of a very different type, Sister Winifred Johnson, for many years in the Eye Ward, kind, friendly, and unobtrusive, an old school friend of my sister's, and a life-long friend of the family, now nearly in her ninth decade, well and active when last seen about a year ago. Her brother, contemporaneous with Sir Arthur Hurst, was later a well-known consultant-neurologist in Liverpool. It is safe to say, perhaps,

that most of that generation will now have passed on, though others flit across my memory now and again such as Trethowan ("old Treth"), the orthopaedist, incidentally reputed to be a cunning player upon the organ.

But, "why Guy's", once again? Largely because of what I have already said above so very inadequately. The Romans had a saying, "Non cuivis hemini contingit adire Corinthum"—"It is not given to every man to go to Corinth", and, in a similar manner, I can say "It is not given to every man to go to Guy's. For the would-be medical student Guy's has its many attractions in the shape of great traditions, and a well-merited reputation for its efficient teaching, and the production of good practical doctors.

One Twenty-Fifth of a Century

by

David J. Jones

President Guy's Hospital Students Club

Congratulations and a Happy Birthday to the *Gazette*. One hundred years seems quite a time to have been in existence, certainly an age in comparison to the mere four years I have been at Guy's.

Annually a central theme seems to run through the *Gazette*, starting in the correspondence columns, being taken up by News In Brief, Sports or Nursing Comment, and then if it is really newsworthy trickling through to the Passim. Every year someone gets a little hot under the collar about some major topic. It is the correspondence column which becomes the eventual melting pot. Blood is drawn from one side or the other and the argument amicably settled or else halted by that mystical and all powerful sentence, "This correspondence must now cease, Ed".

When I first came to Guy's as a very junior pre-clinical student I was fortunate enough to have missed that terrible system which at last seems to have been stamped out by most of the London Medical

Schools, the dreaded "Lecture Sign In". It was most impressive the way in which every student rapidly became expert in forging the signatures of his fellows. Although I missed the terrors of signing in, I saw the horrors of the aftermath. Letter after letter was exchanged in the *Gazette*, the pros and cons were hammered out by the professionals and the convicts alike. "Signing In" was abolished by the Medical School but it took the terrible powers of the Editor to cease the correspondence in the *Gazette* however.

The start of my seond year was notable for the great hue and cry about the length of hair amongst the students (. . . and even some of the staff!). This provided some amusing and surprising reading. Senior members of staff wrote in support of long hair (one even bemoaning his own inability to grow any hair at all), and a large group of ultra respectable dental students took up the banner against long hair and scruffiness in the hospital. It was all most confusing for surely all members of staff must by definition be totally against long hair, and all students (even if they are almost qualified dentists) must be for long hair?

For many months every second Friday was greeted by the crew-cutted and the long-haired alike avidly scanning the pages of the *Gazette*. Nobody actually came to blows but rumour has it that someone was nearly hit by a flying *Gazette* (. . . a close shave . . .). A passim was written on Human Rights, which seemed a pretty good idea at the time and the Editor stepped in with his immortal words.

Close on the heels of long hair came Apathy, Sport and the Rugby Club. It was strange to see the *Gazette* filled with letters from the Apathy squad and sportsmen alike. Two most unexpected quarters. It was fun to see people condemning the Apathetics outright and then saying they couldn't be bothered to do anything about it. Both sides came out of the argument well. Apathy is still rife, as proven recently by the numerous non-events of that famous old society "Apathetics Anonymous" (congrats to their Life President Mike Simpson). Sport and in particular the Rugby Club seem to be on the up again after experiencing a thin patch. That can mean nothing but good.

Whilst apathy and sport were slowly disappearing from the *Gazette* columns a new and sinister monster started to rear its head. Something that had been hitherto only talked about in hushed tones. It was "Student Politics".

One letter a year was the ration normally allowed for that terrible topic, yet suddenly correspondence started to pour in. The students were talking about having a . . . having a . . . *what?* A Student Union. This was to replace the present system. Strong words flowed from the pens of Editors, Presidents, yearly representatives and even some students. The Sports Editor and the President fought with pen and ink at twenty paces, but were later thought to have settled their dispute peacefully over a beer in the "Grapes". We all eagerly await the final outcome.

Well that was four years taken care of. I wonder what to write to the *Gazette* about in my final year . . . Religion, Apartheid, Euthanasia, Pornography, Sex Education, or . . . .

This article must now cease, Ed.

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"Ah, My Boy"

by Wing-Commander H. M. Stanley

Reprinted from the Jubilee Edition of the *Gazette*, 1936.

YOUR Editor has asked me to write something for the Jubilee Number of the *Gazette*. His letter arrived this morning (Thursday, November 26th), and I am sailing for Rangoon on Monday next. All packing operations are therefore suspended while I think. I am not thinking what to say, as *you* might think, but what *not* to say!

I am reaching a time of life, I suppose, when a certain amount of retrospection is permissible; when I can rest on my own oars and look over the stern as I float down with the tide and say to myself, "Ah, those were the days!" In many ways they were, too. The Tower Bridge was opened in my first winter session. His late Majesty King George V had been married in the summer, just before I entered. What a cavalcade of events seemed to rush past during those eventful years! The assassination of President Carnot; the Diamond Jubilee of Her Majesty Queen Victoria of Blessed Memory; the Jameson Raid; the Graeco-Turkish War, to which I and several other students went as volunteers with the Greeks. The Fashoda incident, and the battle of Omdurman. The big Cripplegate fire which burned for the best part of a week and did damage amounting to over seven figures. The big hop warehouse fire in Union Street which also burned for several days and filled up Accident Ward. I was dressing for "Pulpy" Howse when that happened, and we were taking-in.

I think of the great Guy's men who were still familiar figures around the Hospital—Sir Samuel Wilks, Dr. Pavy, Sir Thomas Bryant, Arthur Durham—all on the Consulting Staff then, but frequent visitors. Then we had on the Staff Sir Henry Howse, Davies-Colley, Charters Symonds, Golding-Bird, Arbuthnot Lane, Clement Lucas (whose firm were "Leucocytes," of course), Jacobson, affectionately known as "Pom," L. A. Dunn, who was always called "John Dunn" after the celebrated character in the Zulu War. Then there were Pye-Smith, Freddie Taylor, Goodhart, Hale-White, Newton-Pitt, Fawcett, Perry, Shaw and Washbourn.

I, who was very small beer, did Surgical Ward clerking to Mr. Golding-Bird, Medical Ward clerking to Drs. Goodhart and Hale-White, Assistant Surgeon's dresser to Mr. Jacobson, and full Surgeon's dresser to Mr. Howse, with three months' extension.

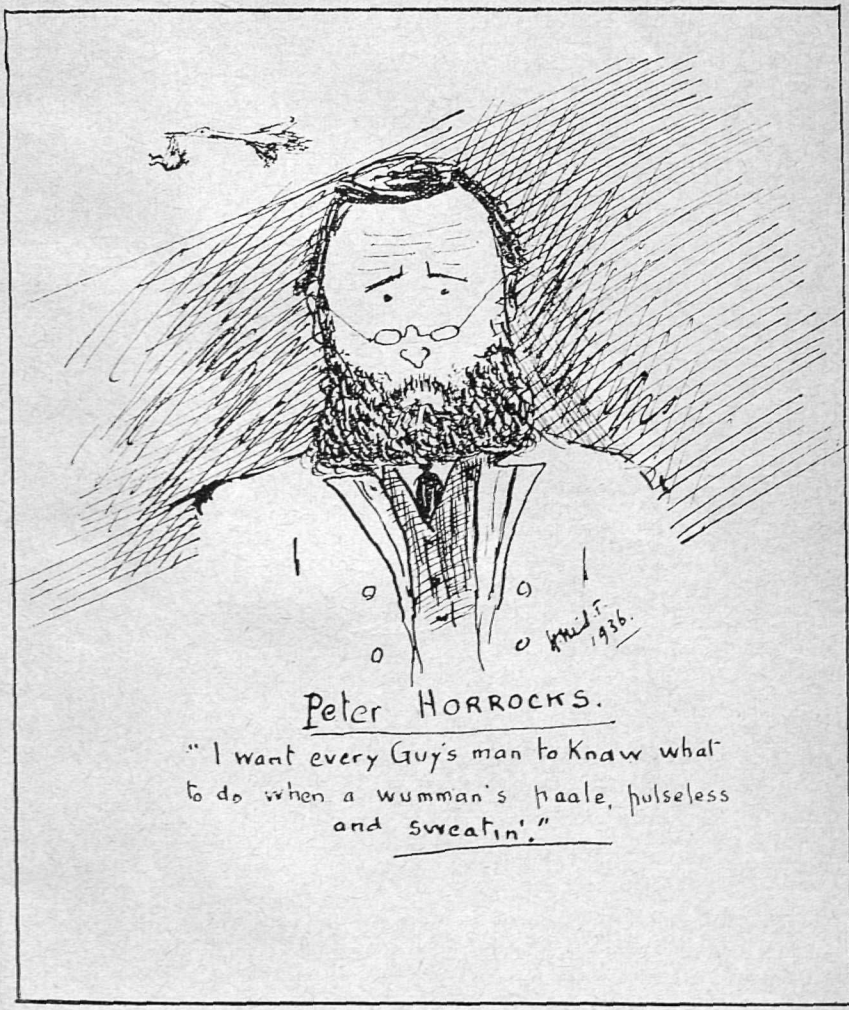
Mr. Howse, as he then was, was the last member of the Surgical Staff to use the old carbolic spray for all operations and dressings. He used to operate in an old frock-coat which had outlived its usefulness as an ordinary daily garment. He would unbotton the sleeves at the wrist and turn them up, pull on two macintosh sleeves, put on a small macintosh apron, smear the backs of his hands with vaseline, and then he was ready for the fray. None of the above-mentioned articles were sterilised, and he used to rely on the plentiful use of 1 in

20 carbolic spray. It speaks volumes for the efficacy of carbolic that cases did so well. The dressings consisted of carbolic gauze, coated in carbolic oil. Each patient's dressings were made up in the ward, rolled in a roll of American cloth and tied with tape. The rolls were open at the ends, and were carried into the theatre with the patient. Side by side with these methods we had Sir Arbuthnot Lane, with a theatre lined with looking-glass, so that the faintest finger-mark could be seen, employing the strictest principles of asepsis as we know them today. Sir Arbuthnot Lane was certainly the pioneer of aseptic surgery as far as Guy's was concerned.

We had one or two cases go septic in Charity Ward, and they died. We dressers were perfectly certain that the old frock-coat was largely responsible, for it shone with grease as one sometimes sees a butcher's clothes shine. So we had a solemn talk about it and decided that, Pulpy or no Pulpy, that frock-coat must go. We therefore went up one night to the cupboard where it hung, just across from the old theatre, where Coels, the theatre attendant, used to grind the scalpels and do repairs, and we took it across to the College, where we saturated it with paraffin and burnt it. The next time Pulpy was going to operate the looked everywhere for it, and we helped him. But I think he guessed what had happened.

At first we only had the one theatre, which had benches and rails in a semicircle around the table, rising in tiers so that students could stand round and watch the operations. Facing the semicircle were two large sliding doors, and the table stood fore and aft between the two. Over the sliding doors there used to hang a large oil-painting of Sir Astley Cooper as the sort of patron saint of the theatre. It afterwards went to the College Dining Hall. The table was of wood, and the top contained a tank with a zinc top, so that it could be filled with hot water. Under the table stood a large metal tray about 3 ft. 6 in. by 2 ft., containing sawdust to catch the blood. It was also a convenient receptacle for amputated limbs, etc. In hot weather the two sliding doors used to be kept wide open, with a screen round the head of the table, so that visitors could not see the operations.

I think there is no doubt that we dressers used to get much more to do then than is the case at present, especially in take-in weeks. It was quite the usual thing during take-in for Mr. Jacobson to give operations to his dressers, and to help and teach us while we were doing them. I myself did a Symes amputation, amputation at the "seat of election," disarticulation through the elbow joint, amputation of the breast for acute mammary abscess, a strangulated hernia, and many minor operations whilst I was a full dresser. The feeling of confidence one gained in this way was very valuable indeed. It may possibly have caused some mistaken individuals to feel that surgery was their *metier*. I personally practise medicine; but when going out to Singapore early this year in a troopship, there was a case of acute intestinal obstruction in one of the men. There were five medical officers on board, and when nobody would undertake to tackle it I did it myself, and not only had to divide the constriction, but also to empty the large bowel before I could get it back. All the stitches and the drain were out by the fourteenth day. Although I had not



Peter HORROCKS.

"I want every Guy's man to Knaw what to do when a wumman's paale, pulseless and sweatin'."

tackled a surgical operation for over twenty years—naturally I have seen many hundreds—the old feeling of confidence acquired in that funny old theatre at Guy's was still there, and I never had any doubts or misgivings, thanks to "Pom."

I remember a case of typhoid I had in a woman in Mary Ward. She was very ill, with hypostatic congestion, and one day I was going over her chest when a stoutly built man with a beard pushed the door open and walked into the ward. It was in 1896, I remember, because I was clerking to Dr. Goodhart. He came up to the bed and, with a marked German accent, asked what was the matter with the woman. I thought it rather cheek on his part, as one felt that he was certainly not a doctor. I said, not too affably, that it was a case of typhoid. "Ah, really," he said, "and what day of the fever is it?" I told him, and he said, "It is a very dangerous fever, typhoid. I had it myself and nearly died, so I know!" At this point Sir Cooper Perry, the Superintendent, and several members of the Staff suddenly erupted into the ward and made their way to the gentleman in question. It was The Prince of Wales, afterwards Edward VII, and it must have been somewhere about the time that he became our President. I also remember a visit paid to the Hospital by His late Majesty King George V when he was Prince of Wales. It was just before the birth of the present Duke of York. His Royal Highness walked through the Colonnade with Sir Cooper Perry, and they went down towards the Medical Building. It was common knowledge at the time that Her Royal Highness was expecting a happy event. I always remember the amusement of a number of us who were standing on the Colonnade steps at the time when we saw Dr. Galabin and Dr. Horrocks, the two obstetricians, hurrying down in their wake.

Quite a lot of excitement was caused one summer by a gentleman who went into a shop in the Borough High Street. The man in the shop inquired what he could get for the gentleman, who immediately shot him in the stomach and went out of the shop, closing the door quietly behind him. He must have been a quick mover, for he repeated the performance in one shop after another down the street until he had emptied his revolver. Business was good at Guy's that afternoon. We had three theatres at the time, and as the victims were brought in they were operated on as quickly as they could be taken up. Fortunately it happened in the afternoon, when there were several surgeons going round. As far as I remember, about half of the victims died.

Somebody wrote to the papers the other day asking what the origin of the word "hooligan" was. Any of us who were at Guy's in the late 1890's could have told him. At that time we had a gang led by a gentleman named "Hooligan," and it was known as the Hooligan Gang. It operated chiefly in the Borough. One night when I was a dresser for the week, during the slack time we used to have just before the pubs came out at 12.30, two coster gentlemen walked into the old Front Surgery. One was obviously in pain, holding his stomach. His boy friend said : "It's the Hooligan Gang, doctor; they punched him in the stomach down by St. George's Church."

"Come here behind the screen and let's have a look at you." I got him on the couch, unfastened his clothes and pulled his shirt up. To my surprise his trousers were full of small intestines. He had been stabbed and didn't know it.

Red Cross Court was pulled down many years ago by order of the London County Council, because it was a hotbed of crime and violence. I suppose it would be somewhere near the mark to say that we used to get nearly a murder a month from there.

What a sight the old Front Surgery used to be on Saturday nights after the pubs closed! The routine was washing out the stomach, pouring from two ounces to half a pint or so of M.M. c. M.S. down the stomach tube, and then a little stimulation with the battery. There were some dressers who favoured the larger doses and used to take a turn of bandage round each trouser-leg as a precaution against a premature ignition.

No recollections would be complete without a mention of "Auntie." She had been on night duty for goodness only knows how many years. She used to occupy her time cutting up strapping in the women's surgery for a great part of the night. (We had an old semi-circle of tin heated by a gas-jet underneath for warming the strapping.) There often used to be a headline in the papers, "Drunk or Dying?" There was not much chance of such a mistake if Auntie was about. Many a time when a dresser was going to send a man out Auntie would whisper quietly to him, "Don't send him out; keep him in for the night and watch him." And she was very rarely wrong. There must be hundreds of the older generation of Guy's men who have good reason to remember Nurse Keogh, to give her her proper name. In the days when beer was cheaper and pubs closed later, drunks were much more frequent than they are now. Alcoholic Borough ladies require a bit of handling, but Auntie was a past mistress in the art and they could always be left to her.

If I had only more time at my disposal I should like to say somethink about the days when the six externs used to average about 60 or 70 cases each for the month. I suppose the fall in the birth-rate has brought the average down. "The District" used to be a prolific source of anecdotes—but time is pressing!

The Gazette Guillotined 1880-1887

T. J. Goulder

Once established, the *Gazette* looked like becoming an institution until a dispute arose, too infectious even to be contained within the Hospital walls. This, the "Great Nursing Dispute" (*circa* 1890), was due to a change in policy of the Committee of Governors who felt that nurses should be technical assistants to the medical and surgical staff; not purely a labour force.

These ideas, promoted no doubt by the popular "Nightingalesque" ideals, crystalised in 1879 when the Governors imported a new Matron from the Leeds Royal Infirmary, Miss Elizabeth Burt, who had had some success at Leeds in introducing the new concepts. She followed a Miss Long, Matron for 27 years, a well educated woman, and steeped in the traditional nursing concepts.

The dispute raged strongly within the Hospital—most of the staff opposing the Governors and Miss Burt. The eddies of this disturbance even lapped the shores of two London newspapers, the "Nineteeth Century" and the "Contemporary Review".

Presumably, most of the students sided with the staff, and one in particular, C. H. Downes, the Editor of the *Gazette*. He was extremely vociferous in the editorials, and incensed the Governors to the extent that early in April, 1880, the suspension of the *Gazette* was discussed. Then in July, 1880, the *Gazette* was suspended. According to a later *Gazette* this was due more to an "excess of zeal" than any lack of vitality.

Possibly the most interesting aspect of this episode as far as the *Gazette* is concerned is the disappearance of direct evidence. The *Gazettes* in the "Wills Library" mysteriously end at December, 1878, and yet the journal was not suspended until July, 1880. The Court of Governors and Court of Committees only have one vague and uninformative cross reference to the events leading to the suspension, and yet both were the only recording and decision making bodies.

The "Dispute" was evidently an extremely sensitive subject for many of the Staff and Governors, and it may be for this reason that, with the inherent wish to avoid derogatory publicity, that information relating to the supression and suspension of the *Gazette* is sparse.

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on their notable Centenary.

ESCHMANN

CORRESPONDENCE

Vocational Apathy

SIR,—When and because I was editor of the *Gazette* I was *invited* to become one of the Assistant Editors of the B.M.J.—so highly respected was the *Gazette*—thereby providing me not only with a probable lifelong career but also an immediate increase in salary of £750 a year, my salary as House Surgeon being nil. But before I could be appointed I had to be approved by the Chairman of Council of the B.M.A. He was a nice old gentleman, Sir Robert Bolam, a retired dermatologist, who lived in Newcastle. So they said they would pay my third-class—we called a spade a spade in those days—*day* return railway fare. This for some reason didn't allow much time in Newcastle—¾-hour in fact—and as Sir Robert lived about 5 miles outside Newcastle this meant that he had to drive in and the interview took place over a bun in the station tea room. He said I could have the job if I wanted it and I said I was not quite sure that I did if this was the way they treated their future editors (and indeed their Chairmen of Council) and in any case I didn't look forward to writing that boring supplement at the back for years and years.

He said he quite saw my point and why didn't I go into the Army and I would be a Major-General by the time I was 55. Well I didn't do that either and gradually I came to the conclusion that I didn't take up Medicine to become a journalist but because I was interested in people.

PETER BISHOP,
Editor 1930-31,

Moorhaven,
Bovey Tracey,
Devon.

SIR,—On this occasion of the Centenary Guy's Hospital *Gazette* it is appropriate that those who have been Editors in the past should peruse the section of the *Gazette* for which they were responsible. I became Editor in August 1931, following Mr. Philip Reading, with Mr. J. A. M. Lintott (who unfortunately died in the second World War), as assistant Editor. At that time the *Gazette* was a good deal larger than it is now and I note that our first Passim was devoted to the problems of Nursing which are still with us today.

It is also interesting to note that this section of the *Gazette*, which extended over a period of ten months, contained approximately fifty articles written by the medical and dental staff of the hospital, and also excellent reports on the various sporting activities of the hospital clubs. Among these articles is a paper written by Sir Arbuthnot Lane and titled *Results of Occupation Upon the Skeleton.* This title is misleading for the paper contains material which is of considerable historical value, particularly the treatment of fractures by internal fixation with plates and screws and colectomy for chronic intestinal stasis.

My last issue as Editor was published on 25th June, 1932, and the Passim in that number included a rumour that a scheme was under consideration whereby the anaesthetic duties of the ex-H.S. would be placed in the hands of resident anaesthetists. Perhaps this proposal which was strongly resisted, was to some extent responsible for the high standard of anaesthesia that this hospital enjoys today.

In conclusion I thank the present editors for inviting me to make this small contribution to the Birthday Volume and congratulate them on this important landmark in the history of the *Gazette*.

J. S. BACHELOR,
Editor 1931-32,

78, Harley Street,
London, W.1.

SIR,—To be asked to contribute to the *Gazette* in its Centenary edition is a double-edged request. One is presumed to have something interesting to say as one is a past occupant of the Editor's chair—but will it prove merely an opportunity to demonstrate the lamentable effects of advancing years on that one-time brilliant intellect? (Incidentally it is clearly an invitation to dredge up all the clichés at one's command—if you see what I mean, you know.)

I must confess that the Editor's invitation lay unanswered for longer than was polite because I was unable to make up my mind on this point. A visit to the Biennial Dinner last week satisfied me that, whatever the truth may be, I shall probably be in good company. Interesting to meet all those contemporaries and those who now appear to be very near contemporaries although at the time they seemed so far ahead of oneself. After all they had qualified while one was still merely a student. But now how aged they all seem, white fringes around bald patches contrasting with ones own thick thatch, give or take a few grey patches. Lucky one's wife had insisted on a visit to the barber's seeing how frowsy the more straggly ones look. So if senility has set in maybe no one will notice.

Then a sharp reminder from Bobby Cann, giving the Chairman's non-speech, that it's the *Gazette's* Centenary next month—so a few words it must be.

The *Gazette* towards the end of the war struggled, as always, against the usual apathy of one's fun-loving fellows of course but also against a paper shortage, continuing assaults from the latest Hitlerian weapons and, with D-day still ahead, some foreboding as to how long it was all going to go on. Against all these was Miss Sidney who combined the post of *Gazette* manager with running the Guild of Ex-Patients.

Provided that copy was there—and if necessary the Editor could fill his fire-watching time with writing it—she would do the rest and the next *Gazette* would come out. She stands out among memories which have by now become rather hazy. No doubt a nostalgic browse through back numbers of the *Gazette* would sharpen up others, but the files are in London and I'm in Shrewsbury and anyhow would it be worth it? The *Gazette* is for its own time, reflecting the currents of

opinion and the march of progress (did I mention the word cliché before?), so let me just wish it Bon Voyage for its second century.

Yours sincerely,

JOHN O. LAWS
Editor, 1943

13 Eric Lock Road,
Bayston Hill,
Shrewsbury SY3 0HQ

SIR,—Congratulations! I hope that in another hundred years the *Gazette* will continue to reflect student views, to record Guy's news and to provoke and stimulate "the Establishment". This is its job and this general effect is greater than its views on any one subject.

As medicine becomes organised into larger units the danger to the individuality of patient and staff increases. This is too often unrecognised except perhaps by journals like the *Gazette* where individual effort, careful science and "half-baked" enthusiasm appear, as of right, side by side. Hence the wisdom of appointing Editors who, in the sense that their training is incomplete, are themselves "half-baked".

Such "left wing" views have nothing to do with politics. They come from the conviction that the best Guy's training develops an outlook which regards equally "experience", "computers", "hospital planners", "doctors" and even the scientific method, thinking none, even the *Gazette* itself, sacred.

These thoughts and ideas, like tomatoes, grow better in some climates than in others, but do best when, hand in hand go with discipline and tolerance, energy and inquiry, thoughtfulness and self-criticism.

The best Guy's men have never had all these qualities. None has succeeded without some of them.

And if, in another hundred years, contributors are again asked to write and perhaps review why the *Gazette* has survived, it will not be just that "adapt or perish" was its principle but that, like any good family, it survived rows disappointments, distates, jealousies and ambitions, but that it kept its prime loyalty—to Guy's.

P. A. ZORAB
Editor, 1949-52.

Institute of Diseases of the Chest,
Brompton, London S.W.3.

SIR,—The other day I received the copy of your *Gazette* for the 9th September. Since then I have been endeavouring to refute your claim that Guy's Hospital *Gazette* is the oldest Hospital Journal of its kind—unfortunately without success.

Finding to my sadness that our own *Gazette* is a mere infant (began in 1892), I enlisted the help of our Library Staff in order to

do you down. They told me that the St. George's Hospital Reports began in 1866 and stopped shortly before the publication of our *Gazette*. I then decided to challenge your claim on grounds that since our Reports were the fore-runners of the *Gazette* our *Gazette* was in fact older than yours. The Library soon informed me that Guy's Hospital Reports began in 1836!

It was no consolation to know that Edinburgh Medical School Journal was published nearly 20 years before yourselves since it is not a Hospital Journal. Even the pleasure of knowing that St. George's published one year before St. Bartholomew's Hospital (1893) was shattered by the fact that our old enemies, St. Thomas', pipped us by one year also (1891). The early 1890's evidently saw an epidemic of Hospital Journals, with The London Hospital (1894) and St. Mary's Hospital (1895).

So, reluctantly, hats off to Guys! We look forward to reading your Centenary edition.

With best wishes for continued success,

Yours faithfuly,

GRAHAM H. BARKER,
Editor, St. George's Hospital Gazette,

9, Knightsbridge
Hyde Park Corner,
London, S.W.1.

SIR,—When the Guy's unit at Orpington received its Dunkirk convoy of casualties, I was on night duty on Ward 7. Reporting for duty with my Head Nurse I had the impression of organised chaos. Trolleys were trundling to and from the Theatres—those Theatres!—piles of filthy uniforms lay everywhere; but in fact a highly efficient team was working with great speed.

Sergeant Peacock lay at the farthest end of the ward, a huge man, fearfully injured. He was being examined, most gently, by Mr. McNair who had left his gynaecological ladies in order to assist the general surgeons. The soldier's skull was fractured and a massive bloody bandage covered half of his face. One femur was shattered. Mr. McNair decided to operate and helped to wheel the trolley to the Theatre himself. He, Peacock, was away for so long that we assumed that he had died on the table. But came the dawn and Sergeant Peacock returned. A further hour passed while the gynaecologist meticulously erected the extension. Then the patient regained consciousness and began his reign of terror. His great strength was channelled into violence, the weights on the extension swung like bells, the wooden ward trembled. I do not know why he focused the wrath of his injured brain on me, but I became the target of his oaths and abuses. He used me as the catharsis of his experiences at Dunkirk; Occasionally, as a change he made the most crude of amatory advances. But peering or leering he was equally fearsome. His

nightly delusions were matched by my daily nightmares as we night nurses slept through the hot days of that summer. Eventually he was moved to a side ward and placed in a cot, the extension long since abandoned, but he used his Thomas' splint as a vicious armament.

Months after leaving Ward 7, I was stopped in the hospital grounds by a guardsman, tall, immaculate with a plastered leg and walking iron. He began a lengthy apology and seeing my blank expression announced himself as Sergeant Peacock. With embarrassment he explained that he had been fully aware of his behaviour resulting from his fractured skull, but felt totally unable to control it. "It was like watching myself starring in a horror film, Nurse, but I couldn't stop". He had been revolted yet fascinated to feel himself in a Jekyll and Hyde situation, revealing that baser nature which may be within us all.

Many years later I read the fitting obituary tributes to Mr. McNair. He was honoured for his many years as a surgeon to women. And I thought of what he had done for Sergeant Peacock.

Yours etc.,

PROBATIONER '39-43

SIR,—With regard to the coming centenary edition of the Guy's *Gazette*, you ask for any letters which may be of interest of a historical nature today.

Consequently I send you these notes of my experiences at Guy's during the First World War. When one reads in the *Gazettes* of today of the numbers of qualified juniors needed to run the hospital, the following bears comparison.

In 1916 after qualifying, I was one of only seven qualified residents in the hospital. I held the post of obstetric and gynaecology resident, undertaking the duties attached to two consultants and a non-existent Registrar, and supervising the externs and also the pupil midwives on the district. How many are needed to fill these posts today?

In addition it fell to one of us seven to give anaesthetics for the consultant surgeons, which was often necessary as there were no others qualified to do so.

All told it was a great and valuable experience before leaving to join the forces for the remainder of the war years.

H. STEWART WACHER

The Wilderness,
97 St. Stephen's Road,
Canterbury, Kent.

SIR,—The Centenary of the *Gazette* pre-dates that of the Boxing Club by four months, the latter being founded on 29th January, 1873.

The first inference of the Club's foundation appeared in a letter to the Editor from "A student" in the 2nd edition of Cattell Jones' *Gazette* on 5th October, 1872, in which he suggested that a gymnasium be built "for the practice for those men who will contend in future sports, that is, if we would maintain our position as Champions Hospital".

There were, however, others who wished to build a Fives Court and a proposal by a Mr. Hansell that a gymnasium be built instead was defeated by 20 votes to 12 in December of that year. The three forms of combat taught by the "Professor" of the day were Pugilism, Fencing and Singlesticks; the latter being a form of cudgel fighting. A letter to the *Gazette* dated 9th December, 1872, from Corpus' registered surprise that these were not practised by medical students. He noted that foils and singlesticks were not expensive and "They might be kept in the Injecting Room or some suitable place where students might have steady access to them and enjoy a quarter of an hour's sharp practice after a lecture or a hard read. I should imagine the common practice of singlesticks would tend to produce a splendid tooth extractor".

On 25th January, 1873, the *Gazette* announced—

"We are glad that the suggestions of our correspondents, Corpus 'E' and 'S' have been acted upon.

A Fencing and Boxing Club has been started of which Mr. B. Jurneaux is acting Treasurer and Secretary. The subscription is 2/6d. Fencing foils and masks, singlesticks and Boxing gloves are provided and—

'The faithful culture of the fistic Art'
which
'From mawkish softness keeps the Britons' Heart'

is making its way amongst the Guyites."

Yours faithfully, W. SHEERAN

East Wing,
Guy's Hospital.

In Conclusion.

One hundred years old is a ripe old age by any standards. It makes a piece of silver an antique and for a human being it merits the royal telegram of congratulations. For a hospital journal it is different. It does not imply that it has survived beyond its allotted span (even with expert geriatric help at hand). It does mean that it is now an old established institution, that it has survived the fluctuating fortunes connected with any publication and it should mean that it continues to satisfy a need. Fortunately the Guy's *Gazette* continues to be a young journal, for it remains in the hands of the young; it has always been produced by students and it must continue to be so. When Editors retire through pressure of exams or because of qualification responsible successors miraculously appear and usually contribute a distinguishing mark during their period of office. Our

thanks should be to all past Editors and to those who have contributed in various ways to the success of the *Gazette*. The world of publication is a tough business and for our continued existence we do depend on all Guy's men and women to support us by being regular subscribers. By its very nature the *Gazette* must be somewhat parochial but there is more than enough general news and items of interest to appeal to all Guy's people.

On behalf of the *Gazette* Committee, I should like to thank all those who have made it possible to produce this Centenary Edition which marks such a milestone in our history. These include the present Editors, Trevor Barnes and Ingrid Dodd, and all the sub-editors and others who have helped them; the manageress, Jessie Patterson, and her staff; our patient printers, the Kentish Times Ltd.; and all the many contributors. We must also record our thanks to the Governors of the Hospital and to the Medical School for their continued encouragement and support.

GEORGE SCOTT,
Chairman of the Gazette Committee.

HOSPITAL INFORMATION

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the post of **Lecturer** (five sessions per week) in the Department of Dental Prosthetics with duties commencing on 1st January, 1973. Salary within the range of £1,251 to £1,989 per annum. Forms of application are obtainable from, and should be lodged with the Dean, Guy's Hospital Dental School, London, SE1 9RT, not later than **Friday, 10th November, 1972.**

GUY'S HOSPITAL DENTAL SCHOOL.

Commencing on Wednesday, 15th November, 1972, a course in Conservative Dentistry, primarily for F.D.S. candidates, will be held at Guy's Hospital Dental School. The course will consist of six sessions from 6.00 p.m. to 8.00 p.m. on 15th, 17th, 22nd, 24th and 29th November and 1st December. Fee £10.50. Further particulars and forms of application, which should be returned as soon as possible, and not later than 3rd November, 1972, may be obtained from the Dean, Guy's Hospital Dental School, London Bridge, SE1 9RT.

GUY'S HOSPITAL

Applications are invited for the following ***Dental House Surgeon Appointments*** for the period 1st February, 1973 to 31st July, 1973.

General Duties—5 vacancies.
General Duties with Oral Medicine and Pathology—1 vacancy.
General Duties with Oral Surgery—1 vacancy.
Resident (General Duties)—2 vacancies
Prosthetics Department—1 vacancy.
Children's Department—2 vacancies.

Applications should reach the Medical Staffing Office, Guy's Hospital, not later than 10th November, 1972.

Candidates may apply for any of the posts advertised and should indicate their preference. They will not be considered for any post for which they do not apply.

P. J. Helliwell,
Superintendent.

17th October, 1972.

GUY' S HOSPITAL BOARD OF GOVERNORS

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THEATRE SUPERINTENDENT required. Monday to Friday (5-day week), not on call. *Well equipped Theatre Unit specialising in* Orthopaedic and Breast Surgery.

STAFF NURSE required for acute female medical ward and for medical orthopaedic and Progressive Geriatric ward.

Application forms from :
Miss N. Mortlock, Senior Nursing Officer, *New Cross Hospital, Avonley Road, London,* S.E.14. Tel.: 01-639 4380.

BIRTHS

JAGO.—On 30th September, 1972, at Princess Alexandra Maternity Wing, Treuske Hospital, Truro, Cornwall, to Rosemary Jane (née Hyland) and Dr. Francis H. A. Jago, a daughter (Loveday Jane) a sister for Christopher and Karenza, wth our grateful thanks to the late Dr. Shirodkar and all the kind people who made the impossible possible

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Young Writers

1872 marked the beginning of thirty years of uneasy peace in Europe. On October the first of that year the first edition of the *Gazette* was produced. It came out weekly at 2d. a copy under the editorship of T. Cattell-Jones, a second-year student. The first edition opened with its aim which was to be a medium of communication between one class of Guy's Men and another; to multiply everyone's observation. It asked all to support the undertaking with contributions of pieces of interest to others. As the longest surviving student journal in the world it should be an interesting commonplace book containing the ideas and reflecting the interests of Guy's Men, particularly students over one hundred years. That is not so. The *Gazette* has been unbalanced in its content almost from the beginning through a lack of written material offered by more junior Guy's men.

As early as 1874 the *Gazette* was complaining of the lukewarm support of the students. In recent years editors have restrained themselves from writing about students' apathy; it has been done so often before that the editors can no longer be bothered. From a fine population of authors the *Gazette* is well endowed with copy for full articles, but of those authors in the past year only one-fifth have been students.

Students at present are rarely accused of apathy; callow zeal seems more common nowadays. So perhaps the lack of young writers is not a result of mental indolence but diffidence. Whilst the value of experience and more mature judgment is vital to a magazine, there are many issues that are well amenable to assessment without great experience. In many situations people do not require repeated exposure to the same problem to make a reasonable decision. Besides, the way a person first approaches a problem, the question he is asking

at that time, influences the answers he gets which in turn reinforces his attitude to the problem the next time. That normal method of empirical approach can often lead people into conforming with what are later recognised to be false ideas. They err by imagining that their personal evidence confirms their theories when in fact the way they saw the evidence was already influenced by their theories. The most famous example of such a situation, where experience served to reinforce errors, was the Ptolomeic system of motion which stood for centuries as the model for the universe. The earth was somewhere at or around the middle and the other heavenly bodies performed an astonishing tangle of rotations about deferents, epicycles and further epicycles in order to explain the facts of observed planetary motions. The model by the end was so elaborate and clumsy it would explain anything, yet few questioned the superior knowledge of the ancients or experience of centuries.

It should not need to be said, but if it is diffidence that discourages students, then they must remember that the name teacher does not preclude a man from learning, and conversely, the name student should not mean a jealous guard of a personal file of accumulated information and ideas, but a generous sharer of what he is privileged to know.

Committees, Constitutions and Stability

The problem of who makes decisions for a group of people has vexed mankind for centuries. It is such an essential issue that revolutions have been fought to dispose of autocratic rulers or bureaucratic governments. Nations, schools, factories and unions are all examples of institutions which require an efficient and acceptable means of administration. The problem is that the system is either so rigid that no decision is ever reached or so lax that dangerous errors are made. The ideal, of course, lies somewhere in between.

The essential decision-making apparatus in an educational institution is usually the committee. The principle of action by committee is simple enough. Various representatives are appointed or elected to the committee and decisions are made by a majority vote. However, only the most dedicated people can make a committee function well and Shaw was moved to express that Hell must be an eternal committee meeting. In practice a committee can be so restricted by procedural problems that actions are initiated but never completed.

There are built-in features which make efficient administration by committee difficult. All committees have a fixed interval between routine meetings and a defined amount of time is needed to convene an extraordinary meeting. For small committees which can be convened quickly, this presents no problem. The more bulky committees are instantly rendered inefficient. Quick decisions can never be made about urgent matters because the committee cannot be convened in time.

Committees can also function with alarming lack of insight. They sometimes consist of uninformed people acting as caretakers for

a relatively specialised enterprise. They meet once or twice a year yet the nature of the enterprise is such that weekly or monthly appraisals or changes of policy are needed.

Radical changes take a long period of time to be approved or rejected. Two or three committee meetings may be needed and 12 to 18 months may pass. Quick easy decisions are often made outside committee and given rubber-stamp approval at the next meeting. The situation becomes a nightmare when several levels of responsibility exist and three or four committees are needed for one decision to be made.

A committee by itself is not necessarily an inefficient means of administration but when several committees are involved in a complex organisation, there is no hope of progress. Either no decision is made or several years elapse or the decision is made outside committee. It is a pity that systems such as this maintain stability more effectively than they can initiate change.

Dr. P. R. Evans

An Appreciation

Rather belatedly I have read the appreciation to Dr. P. R. Evans in the October issue of the *Gazette*.

It gives a picture of great academic distinction, but tells us nothing of the man as he is seen by the medical and nursing staff who worked with him nor as he appears to his patients and their anxious parents.

My years as Dr. Evans' ward sister are among the happiest of my life. His wide knowledge and diagnostic skill, his human understanding and deep sympathy, coupled with an expectation of high standards, made working with Dr. Evans a wholly delightful and satisfying experience. There was always time to discuss problems with his staff and we all knew exactly what was expected of us and found it a pleasure to live up to it.

Parents knew that they could trust Dr. Evans' words of hope and if it had to be bad news, it was given in a gently sympathetic way, so that it gained him affection and deep respect despite the anxiety the news might cause. He is the sort of Paediatrician who knows instinctively how to calm a child and how to get complete co-operation; there are many children who will remember him throughout their lives as "the man who made me better". To help Dr. Evans in the care of sick children was enormously worthwhile and totally rewarding.

M.A.D.

GUY'S DIARY

JANUARY

4	Tu	Clinical Lecture. Mr. MURRAY FALCONER. "The Recognition of Temporal Lobe Epilepsy in Children."
6	Th	Clinical Lecture. Dr. SCOTT. "Diseases of the Pericardium."
7	F	Clinical Lecture. Mr. BRAIN.
13	Th	Clinical Lecture. Dr. SOWTON. "Cardiomyopathies."
14	F	Clinical Lecture. Dr. CHAMBERLAIN.

NEWS IN BRIEF

The Royal College of Obstetricians and Gynaecologists recently held a Postgraduate Symposium which was given by a multi-departmental team from Guy's.

The morning session on "Haemorrhage in Pregnancy" was composed of papers by Mr. T. M. Coltart, Dr. T. Shelley, Department of Hospital Physics, and Dr. M. S. Rose, Department of Haematology.

The afternoon was devoted to "Utero-Vaginal Prolapse". Papers were read by Messrs. T. L. T. Lewis, J. S. Tomkinson and E. D. Morris. Professor J. Joseph, Guy's latest F.R.C.O.G., combined his Anatomical and Gynaecological knowledge with an erudite lecture on the "Anatomy of the Pelvic Floor".

BOOK REVIEW

OUTLINE OF ORTHOPAEDICS, by J. Crawford Adams, 7th edition. Published by Churchill Livingstone 1971.

This elegantly produced book has been based on the very successful 6th edition, however some sections have been revised and others completely re-written bringing this book right up-to-date with current views.

Mr. Adams' book gives a concise yet comprehensive account of the speciality of orthopaedics which, with the aid of many clear illustrations and radiographs enables the student to achieve a full understanding of the subject.

The book is divided essentially into two parts; the first giving a 150-page general survey of orthopaedics in which space is devoted to the general principles of orthopaedic examination, investigation and treatment. The second section consists of a systematic consideration of each anatomical region in which the pathology, the clinical presentation and finally the treatment of the specific disorders affecting the region are dealt with in turn.

This excellent 450-page volume is most reasonably priced at £2.25 and is a "must" for every undergraduates' medical library. A.R.

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The Relation of Structure to Function in the Foot

By T. T. STAMM, F.R.C.S.

(The following is the text of the second Norman C. Lake lecture and was given by Mr. Stamm during the Jubilee Convention in London last September.)

As you will know, Norman Lake (whose memory we are honouring today) did a great deal to foster the interests of the profession of chiropody. He will also be remembered as one of the pioneers who brought a rational understanding of the physiology and functions of the foot and demolished much of the mythology that befogged the subject. In doing so he accomplished that most difficult of all mental feats, namely to reduce the complexities of a problem to simple concepts.

The foot with its 26 joints moving in three dimensions is indeed a most complex structure. It would require a computer to analyse all their movements relative to each other, and the results would be both incomprehensible and of little practical use. I felt therefore that it would be appropriate to the memory of Norman Lake to make an attempt to restate our present understanding of the essential mechanics of the foot in a manner that is as simple as is consistent with the facts and with our practical needs. I trust therefore that you will bear with me in this exercise, as much of what I have to say must of necessity seem elementary and obvious. In compensation I promise to be brief, for in this case although brevity may not be the soul of wit, I think it is important not to lose sight of the shape of the wood amongst the complexities of its undergrowth.

Before considering the foot itself I would like to restate two general considerations.

First, ligaments. Ligaments are primarily intended to prevent unwanted or excessive movements at the joints they protect. They are not intended to withstand prolonged tension without support from the muscles. If they are subjected to such strain they develop an inflammatory reaction and voice their protest in the form of pain. We recognise this condition by the term chronic strain.

Second, muscles. The most important function of muscles is also to prevent movement. For example, the action of raising one's arm is carried out by two or three muscles. However, as this causes an alteration of balance nearly every muscle in the trunk and legs must alter its state of tone to maintain our stance. Another paradox with regard to muscles follows from this. The most important function of many muscles is in the reverse direction to that suggested by their name. The adductor hallucis is a good example of this as I hope to show later.

Turning to the foot itself, apart from its passive function as a pedestal to stand on, we regard the foot as a machine based on the

principle of the lever and it is this active function that I wish to consider. The foot itself forms the lever while the matatarsal heads comprise the fulcrum about which it moves. We have therefore to consider how these two components of the machine carry out their functions.

First, the lever. The essence of a lever is that it must be rigid when under load. A lever that is made of segments like the foot, or a bridge, can withstand a load only if it is in the form of an arch, hence the long arch of the foot. Moreover, when it is being used as a lever it must be held rigidly in that form. When standing at rest the foot relaxes into a more or less flat footed posture, the extent of this being dependent upon the laxity of the supporting ligaments. These are all recognised facts. The problem is this: how is the foot converted from the relaxed flat footed attitude of rest into a rigid arched structure during activity?

As a student I was taught that that change was brought about by the action of the long flexor muscles and the peronei, the tibialis posterior and the peroneus longus acting as a sling under the apex of the arch to lift it up and hold it there. This is complete nonsense. In the first place to do so against the superimposed weight of the body would require immensely powerful muscles. In the second place if the arch was simply raised and lowered in a vertical plane, then the ligaments on the under surface of the joints would be slack when the arch is raised and tight when it is lowered. We know that the reverse is the case. In fact the fully arched posture is brought about by two simultanous rotary movements about the long axis of the foot. The first component is a rotation of the foot inwards at the sub-talar joint complex. That is to say the foot is inverted or supinated. The muscle mainly concerned in effecting this movement is the tibialis posterior. By itself this movement would bring the inner border of the forefoot off the ground (Fig. 2). The second component consists in a lateral rotation of the forefoot, i.e., eversion, which keeps the forefoot plantargrade. The muscle mainly concerned in effecting this movement is the peroneus longus (Fig. 3). Thus these two muscles, acting in opposition to each other, produce a twisting effect on the foot similar to one's two hands when wringing out a cloth. The foot is thus literally screwed up into its fully arched position. In this posture the foot is in balance and little muscle power is required to maintain it so.

We must now consider the apparent paradox that the ligaments are tight in the fully arched position and slackened off when the arch is loosened or "unscrewed". Although we know this to be so I had never seen such a clear explanation until I came across a paper by Arbuthnot Lane which he wrote nearly a hundred years ago in the Guy's Hospital Reports. This paper provides a beautifully simple answer. He described how the fibres of the ligaments in the sole of the foot and especially the talo-navicular or spring ligament do not run fore and aft but obliquely forwards and laterally. As a result when the back foot is twisted inwards and the forefoot outwards they are put on the stretch and lock the joints. Thus it is that the foot is not only screwed up but screwed up tight. When the muscles relax the

superimposed weight of the body rolls the foot over into eversion until the ligaments, which are at first slackened off, again become tight, unless of course they are so lax that the foot can flatten completely, which is rare. In this more or less flat footed attitude the foot is off balance since it is rolled over medially (Fig. 1). Moreover, since the muscles are relaxed the strain of weight bearing falls on the unsupported ligaments. Standing "at rest" is therefore no rest for them. This explains why standing is more productive of fatigue and foot strain than walking, except for those who have completely flat and supple feet.

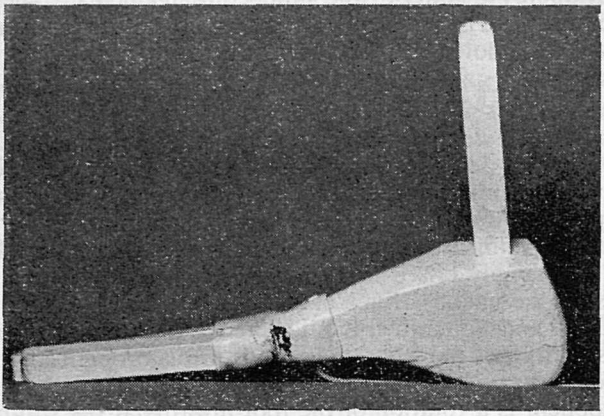


FIG. 1. When fully relaxed the foot is rolled over into valgus, the "flat-footed" posture.

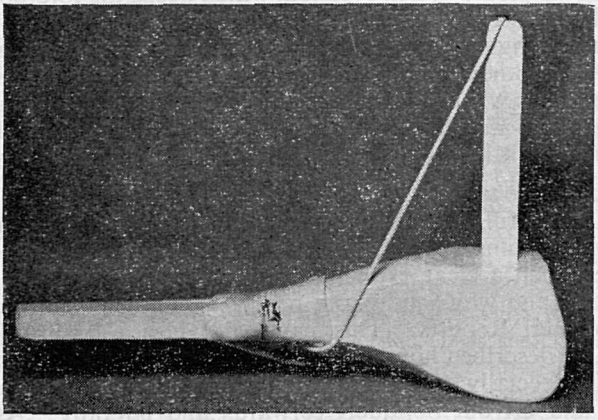


FIG. 2. When the tibialis posterior acts alone the heel is inverted and the medial border of the foot elevated.

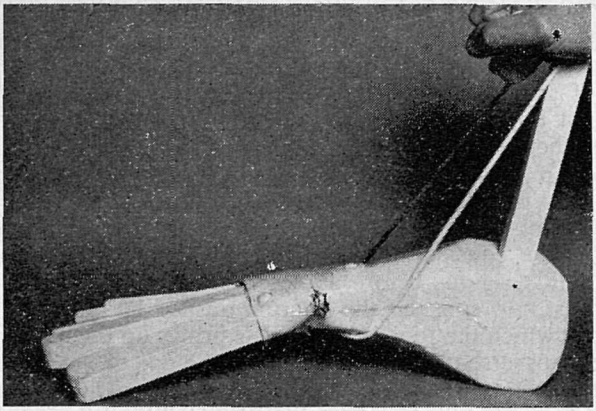


FIG. 3. When the peroneus longus contracts the medial border of the forefoot is pulled down on to the ground (pronation of the forefoot.)

Four further points should be noted:—

(1) When the foot is relaxed and rolled over medially its lateral border tends to rise off the ground, producing a slight arch. Gervis has pointed out the paradox that in the normal flat footed posture a footprint will show an arch on both sides.

(2) When the foot relaxes under load, eversion of the foot induces a secondary medial rotation on the talus which in turn twists the whole leg medially. Conversely, lateral rotation of the leg will tend to bring the foot up into its arched posture. Such lateral rotation is effected by contraction of the gluteal muscles, which also rotate the pelvis backwards, straightening the spine and tucking in the abdomen. Thus the posture of the foot interacts with the posture of the whole body.

(3) A foot that persistently adopts a rolled over everted attitude is often referred to as having a pronated forefoot. It is true that the basis of the matatarsals follow the movements of the back part of the foot and when it is pronated, or everted, they follow suit. But the bases of the metatarsals belong functionally to the back foot. So far as the heads of the metatarsals are concerned since they remain plantargrade when the rest of the foot is pronated, they must be relatively supinated on it. The so-called pronated forefoot is thus in fact and from the functional point of view a supinated forefoot (Fig. 1).

(4) In some types of club foot there is a fixed supination twist on the forefoot so that when the foot first meets the ground the inner metatarsal heads fail to make contact. Body weight then imposes eversion or pronation on the rest of the foot until they are bearing weight. The foot thus looks flat footed. This is one form of so-called congenital flat foot. It would

be more accurate to call it a congenitally unscrewed foot. It is important to realise that in these cases the primary deformity is one of supination of the forefoot, the eversion of the rest of the foot being secondary to this. If this is not appreciated treatment will be directed to the secondary rather than the primary deformity. For example, supports or inside wedges will tend to bring the first metatarsal head off the ground again. To get an alternative point for weight-bearing the great toe will then be held flexed. This puts a considerable strain on the joint and can produce a hallux rigidus before adolescence.

We must now consider the fulcrum formed by the five metatarsal heads about which the foot moves. This brings up the old controversy about the transverse metatarsal arch: is there one or not? So far as the bases of the metatarsals are concerned they certainly do fit together in an arched form, but as I said earlier, they belong functionally to the rest of the foot. We are concerned with the heads of the metatarsals. When standing at rest they are all in contact with the ground and thus, it is said, there is no arch, a statement that I shall qualify later. The metatarsals, however, are of different lengths and here I am reminded of the Sergeant Major instructing his troops in the art of saluting. He certainly understood the relation of structure to function when he said: "and you will find that your fingers are of different lengths so as to fit under the peak of the cap." Our toes and metatarsals are also of different lengths: so as to fit into a shoe, he would no doubt have said. The extra length of the second or third metatarsal means that in the take-off position with the heel raised it would be the only one left in contact with the ground if all the metatarsals remained in line. To avoid this and keep them all on the ground, bearing their fair share of the weight, they are gradually built into an arched form as the heel is raised, the extent of this arch being related to the angle that the metatarsals make with the ground. The transverse arch is thus a posture not a structure. I stated earlier that it was usually held that when standing at rest there is no metatarsal arch, but in the normal standing posture there is still some degree of long arch, and therefore some downward inclination of the metatarsals. It follows therefore that in this posture, although there is no arch so far as their relationship with the ground is concerned, they do form a low arch in relation to the plane of the foot (Fig. 4). We have therefore this further paradox that they must be arched in order to be flat, depending on whether one is referring to the plane of the ground or the plane of the foot. This again is a beautifully simple mechanism once it is understood, but the way in which it is brought about by muscle action is more complex. First, one must consider the role of the toes. The metatarsal heads form a very small area to take the whole weight of the body when the heel is raised. The most important, indeed the only, remaining function of the toes in normal conditions is to press on the ground with their pads so as to enlarge the weight bearing area. This pressor action is carried out by the combined contraction of their long flexor and intrinsic muscles, i.e., the lumbricals and interossei; the function of the latter being to prevent flexion of the interphalangeal

joints so that the more powerful action of the long flexors is exerted on the metatarso-phalangeal joints. Thus pressure on the ground is exerted by the pads of the toes rather than their tips. This action has another effect. If you will flex your fingers at the interphalangeal joints only you will see that your metacarpal heads remain in line. If, however, you keep your fingers straight and flex them at the meta-carpo-phalangeal joints only, you will see that your metacarpal heads adopt the form of a transverse arch. In the same way, in the foot, as the heel is raised and the toes press on the ground, this action also helps to produce the arched posture of the metatarsal heads. This effect is further asssisted by the muscles acting on the great toe. Since the adductor hallucis muscle is attached to all the metatarsals at its so-called insertion, and to the base of the phalanx at its other end, when it contracts it either adducts the great toe or draws all the metatarsals together, thus helping to produce their arched posture. We no longer have any need to adduct our great toes and this action is prevented by the simultaneous contraction of the abductor hallucis. The main function of the so-called adductor hallucis is thus to draw the metatar-sals together. As I have said earlier, this is a good example of muscles acting in the reverse direction to that suggested by their name and in having as their most important function the prevention of unwanted movement. Thus the integrity and proper functioning of the forefoot

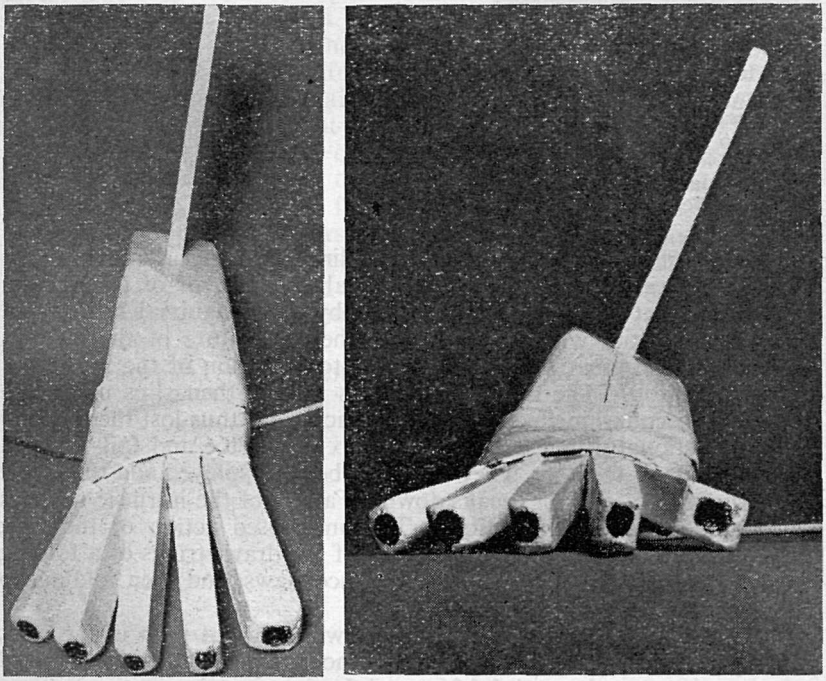
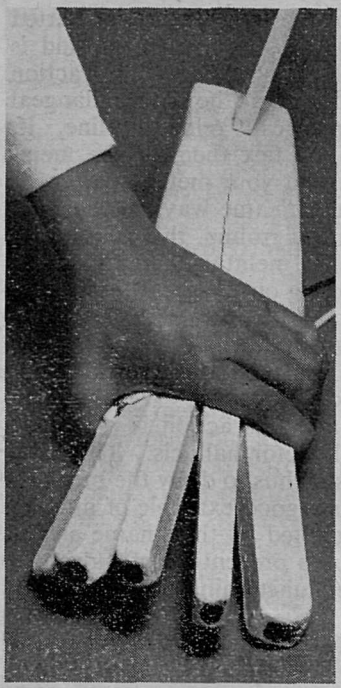
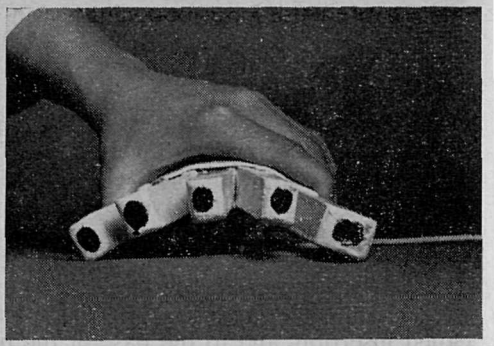


FIG. 4(*a*) In the flat footed posture all the metatarsal heads are in contact with the ground. (*b*) There is no transverse arch either in relation to the ground or in relation to the transverse plane of the foot itself.



(*c*) In the active "take-off" position with the heel raised the metatarsals are bunched together so that in spite of their different lengths they are still all in contact with the ground and bearing weight.



(*d*) To allow the metatarsal heads to take weight they must now form a transverse arch which can be visualised only when viewed "end-on".

is dependent upon the muscles controlling the toes. Failure of the intrinsic muscles of the toes due to paralysis, arthritis or tight shoes, will mean that all the weight is borne by the metatarsal heads, and painful callosities will develop under them. Failure of the muscles controlling the great toe is usually due to deviation of the toe into a valgus position. The adductor hallucis tendon then slips under the joint and becomes ineffective. The adductor has thus lost the stability of its functional origin from the phalanx of the toe and fails to hold the metatarsals together. They therefore become splayed and the whole integrity of the forefoot breaks down. Failure of the intrinsic muscles of the toes has another effect. The unopposed action of the long flexors and extensors is similar to that of the draw strings of a folding screen, first folding up the toes to produce claws, and then folding up the foot itself to produce a pes cavus.

Finally, I would like to say a few words about pain in the foot, chiefly to demolish once again that most persistent myth, at least amongst laymen, that painful foot and flat foot are almost synonymous terms. There are only four causes of pain in the foot of mechanical origin. Prolonged tension on ligaments, fatigue of muscles, a reflex

inflammatory response to either of these, and finally excessive local pressure on skin and underlying tissues. A foot that is so supple that it can flatten completely under load may be inefficient as a propelling machine, but it cannot be painful: for there cannot be any tension on its ligaments, nor fatigue of its muscles—for there is nothing to support —nor pain from local pressure since it presents the maximum weight bearing surface. Such a foot is rare but it is occasionally seen in ballet dancers and in those who live and walk in the desert on sand. During the last war I was often asked by those who returned from the Middle East how it was that the local inhabitants could carry heavy loads for miles on end and never complain of their feet, though they all had flat feet. On soft sand one cannot use one's foot as a lever, merely as a portable pedestal. Hence there is no point in having an arch and the foot remains flat and supple, and painless. How then has this myth arisen? The average foot cannot flatten completely. If its muscle control is defective it will tend to roll over into eversion when under load. It is then off balance and considerable strain will fall on the tissues along its inner border, resulting in pain, and it looks flat because the long arch is now obscured since it is lying over on its side. Hence the legend. In fact it is only the permanently arched foot which, though efficient as a machine, is subject to ligamentous strain and muscle fatigue. In this respect the highly arched foot, though often admired, is the worst of all, for in addition its weight bearing area is so small that excessive local pressure is likely to lead to painful callosities as well. I always remember Bankart's heroic dictum, that the proper treatment for a painful foot is to wrench it flat.

In conclusion, once again my apologies for subjecting you to so much that is elementary, but I have tried to stress three things. First, that the essential mechanics of the foot can be reduced to quite simple concepts that are sufficient to explain both its normal function and the reasons for its common failures. Second, that these concepts are only three in number, the first concerning the control of the long arch mechanism, the second that of the forefoot, and the third that of the toes. Finally, that normal function is dependent far more on proper control by good muscles than on any other factor.

Reprinted from THE CHIROPODIST, Vol. 26, No. 9, September, 1971.

NURSING SECTION

Meal Breaks for Nurses

There are two features in the working life of a nurse about which she feels strongly, and which assist in maintaining her sanity. These are holidays and meal breaks.

Holidays are, in fact, if anything over-generous due to the reluctance in the past of the Whitley Council to award salary increases. Each time they wish to avoid this they add yet one more week's holiday to the annual total. The fact that there will be a lack of money to pay for this appears to be immaterial. The fact that by doing this they are exacerbating the already fragile staffing situation as no relief workers are ever supplied to cover holidays also appears to be irrelevant. We shall soon achieve the ridiculous situation of having more holidays than time spent working.

However attention must now be turned to the meal breaks which are allowed, as some comment on this would appear to be timely.

Nurses it seems are the only working people for whom meal breaks are not included in their span of working time. In no other occupation does this arise. This clearly means that for a nurse working a period which includes two half hour meal breaks, an extra hour is added to the length of the shift. So, in fact, instead of working for eight hours, she has to be present within the confines of the hospital for at least nine hours.

This is a fact which has never been sufficiently acknowledged and every time the reason for the anomaly is questioned, no answer is given or the issue is carefully avoided. The whole situation means that, in the eyes of most other workers, the nurses are working nearer fifty hours a week and being paid for forty-two.

Let us now look at the plight of trained staff. They frequently have to miss meal breaks completely due to a shortage of personnel. It is unfortunate that these are the times when untoward events necessitating the presence of a trained person tend to occur.

Thus the Sister or Staff nurse may have to forgo her lunch and have no opportunity to obtain a meal until late afternoon having, of course, not eaten since breakfast. If, however, these people decide to cook themselves a meal in the ward kitchen, the outcome can be most unfortunate. In some hospitals it could almost cost a person her job.

Now although it would be completely wrong for hospital authorities to condone the irresponsible removal of food from the hospital, it does seem a little ironic that the staff are at times unable to eat at all.

There would probably be less resentment amongst nurses if their meal times were included in the working hours. At present, however, most feel that they should have the break at all costs. Moreover, it is important that nurses should have a period away from the ward during the day even if it is only short in duration. It is surely time that some thought were given to this and that nurses were not expected to work extra hours under false pretences.

REVIEW

1971 GUY'S HOSPITAL CHRISTMAS SHOW

Guy's Christmas Shows may have varied quite widely in total quality, but they had a flavour all their own, like a good Stilton—ripe, sometimes agreeably over-ripe, a trifle blue in some areas, pungent and distinctive. But now, alas, we are in the age of processed cheese—very good cheese, of its sort—but a pre-packed Stilted; smooth, bland, not un-nourishing, pasteurised and plastic.

This year's production followed the trend. It was enthusiastic and accomplished. Rather more polished than last year, it ran at an excellent pace after the inevitable delayed start.

But why, oh why, was there no original material? One sadly misses the scabrous local satire of yesteryear. Son of Monty Python met the Bride of 1948 show, and this year there seemed to be nothing Guy's about it except the title, and a splendid casualty joke thrown in by the Compère.

Given the familiar, and at times over-familiar material, one must congratulate the cast on their performances. They were slick, word-perfect whenever it mattered, and clearly well-rehearsed; it is pleasing to be able to welcome some impressive new talents, and one looks forward to seeing a good deal more of them in future. One particularly remembers: the Compère, who coped with a difficult function with professional verve; an athletic Bank Manager. (and two Traffic Wardens who can gladly take my number); and Grotty from Macclesfield whose timing was superb. Piers (A Smile, A Song, and a Regimental Tie) Reinholdt played Piers (Twinkletoes) Reinholdt, and won. The Band was good and promising in their solos; the flying bandaged fingers of the bassist caught one's eye.

Costumes were on the whole good; though the white shirts and cravats bit is rather passé. The Song Sheet has not altered in recent years. (*Bye, Bye, Blackbird* strikes again), and even the cast's enthusiasm could hardly achieve the impossible and whip up a folksy singalong in a stone cold sober audience.

Finally one must acclaim the Can Can finale. Despite the posters, we could hardly believe our luck when they actually made their entrance, and shared a standard of attractiveness and choreography not seen here for many a year. Next year let's have more of the chorus girls and less of the choruses!

M.A.S.

CORRESPONDENCE

Phlebotomy

SIR,—The ability to be able to get a needle into a vein is a very vital part of most aspects of medical practice, and this technique needs a lot of practice, and the earlier it is learnt the better. Those of your readers who may have watched the serialisation of a novel by Mrs. Gaskins on the Television last Sunday may have noticed that the doctor there was deploring the fact that younger doctors were apprenticed to older doctors. Many of us would feel that the pendulum has swung too far, and sufficient realisation does not seem to occur to a considerable number of young men that medicine is an art to be learnt only by practice, and an apprenticeship would be a very much better term for the time spent in hospital rather than the fashionable term of medical students. In some way this aspect of apprenticeship applies also to that of student nurses. Book learning is only part of the problem in becoming a doctor.

Yours faithfully,

A. F. RUSHFORTH.

79 Harley Street,
London, W1N 1DE

SIR,—Miss Hampson, the Student President, asks for comments from students on the issues raised by the news item Phlebotomy. Though no longer engaged regularly in this practice, except for those occasions when my help is requested by members of the firm, may I beg opportunity to reply to some of the points she raises.

I think we are all well aware that there have been grumbles about the time spent in blood taking from which it would be easy to gain the impression that two or three hours per day are spent in form-filling and venepuncture. From my own observations this exercise usually occupies less than 30 minutes for the more senior student members of the firm (in the survey seniors took 22 minutes on average, exclusive of take-in), while juniors on the whole take about twice as long and use twice as many needles and syringes. This of course is to be expected and demonstrates one of the advantages of learning this technique.

What then can be said in favour of continuing the present practice at Guy's? A Guy's medical training has always been a practical one and has rightly emphasised the very great importance of bedside teaching and student involvement in the overall care of the patient. With this in mind I would suggest that phlebotomy is a useful practice in the following ways:

1. It is a valuable technique to learn. The fact that most of those qualifying at Guy's will actually do their resident jobs outside (though Guy's housemen often have to do some blood taking) emphasises the necessity for learning good phlebotomy technique. Rapport between the doctor and the patient can be easily lost after three or four attempts at venepuncture. As the technique is very similar to that required for the putting up of infusions, I and many others will be very grateful for this aspect of Guy's training.

2. The great cry from clinical students that is often heard is "Give us more responsibility". May I suggest that the 30 minutes or so per day spent in blood taking provide a most useful oportunity for the ward clerk or dresser not only to establish or cement a professional relationship, but also to bring himself up-to-date with the patient's condition. This impression can then be substantiated by further discussion with the house physicians, registrars or nursing staff on the wards.

3. Because the clerks or dressers themselves take the blood they will be fully aware of what investigations are actually being done on their patients.

If the houseman's choice seems superfluous or incomplete then benefit will obviously be gained by the student discussing the investigation with the resident concerned.

The practical techniques of which phlebotomy is one need to be learnt. They are just as important for the production of a good doctor as a thorough knowledge of pathology, medicine, surgery and obstetrics.

Yours sincerely,

J. A. VALE.

Guy's Hospital,
London, SE1 9RT

The Rudge-Thomas-Hampson Syndrome

SIR,—May I congratulate Messrs. Rudge and Thomas on the excellent description of their syndrome. I too have noted this acute state, but would like to add that it also occurs in the somewhat rarer female sex, and is associated, in almost every male subject, with loss of hair; particularly in the collar and chin region.

Yours sincerely,

LYNNE HAMPSON

East Wing,
Guy's Hospital.

The D.E.S. Document

SIR,—During the debate that has followed the recent publication of the consultative document by the D.E.S., I feel that too little attention has been paid to the original need for it. For those who consider it no more profoundly than as "Tory fascist oppression of worker's and student's rights" may I state two important contributors. (1) In recent years, and even recent weeks, several college and university unions, including some of this university, have directed union funds to projects for which they were not intended. (2) In recent years some political societies of moderate opinion have been expelled from the union, leaving only left-wing extremists among the political societies. For the sake of brevity I shall not elaborate on these points. The proposals from the D.E.S. do nothing to remedy these problems while producing many more. I know of no group, including the Federation of Conservative Students and the Council of Vice-Chancellors and Principals, which supports it.

However, few alternative suggestions have been made and as I was unable to attend the recent Student Club meeting I would like here to make some proposals:

The reason why extremists can obtain a majority vote is that quorums are too small. With current student apathy the only feasible way of enlarging them is for voting on major issues to be by ballot instead of at meetings. This is feasible only for matters of great importance but for financial matters, if money has been misappropriated to diverse ventures for which it was obviously not intended, or to put it another way stolen, the individuals concerned should be criminally responsible for their action.

The consultative document mentioned that the U.G.C. would allocate money to student unions. As one of the students who saw a delegation from them, I would like to express complete lack of confidence in the will or the ability of those whom we saw to comprehend student affairs.

Finally I would like to plead that the opposition to the proposals should be firm but in a moderate and civilised manner. The activities of "rent-a-mob" and the like are counter-productive to our interests.

Yours faithfully,

PAUL HEWISH

East Wing,
Guy's Hospital.

Clean Lifts

SIR,—Mr. Wheeley's letter entitled "O Tis Cramped In The Lift" in your issue dated 4th December, provides the opportunity to re-state the reasoning behind the use of lifts in New Guy's House. The lifts in the emergency staircases are for "dirty" goods, such as soiled linen, refuse and items for fumigation and so it would be quite wrong for these lifts to be used for "clean" goods.

In the original planning of New Guy's House provision was made for two "clean" service lifts, one for each side of the building, where the storeroom is situated just inside the entrance to each ward. The Ministry of Health felt that there was adequate provision of other lifts and so they were excluded from the final design. A passenger lift has, therefore, to be used for the delivery of pharmacy, clean linen, food and other "clean" goods.

However, it is appreciated that delays occur because a passenger lift is used in this way and provision has been made in the Tower for a "clean" goods lift to service New Guy's House.

Yours faithfully,
J. D. HAGUE.
Hospital Secretary.

Guy's Hospital,
London SE1 9RT

Mr. Dudley

SIR,—Through the agency of the *Gazette* I would like to reach the host of good friends in the School Hospital whose goodwill and kind thoughts have done so much to prop both me and Mrs. Dudley during the recent difficult months we have experienced.

To all who subscribed to the collection that was made for me I offer my sincerest thanks. In the realms of practicality, it is my intention to use the money to install an adequate heating system at home to comfort our ageing bones and, of course, to comfort my well-known magical cat.

Yours faithfully,
J. F. DUDLEY

"Step Aside",
Upper Hayesden,
Tonbridge, Kent.

Christmas Draw

SIR,—The winner of the Colour Television Set is Mrs. C. Smith, 88 Falconwood Avenue, Welling Kent.
Ticket No. 3334.
Congratulations Mrs. Smith.

M. K. SALMON
Hon. Secretary.

Guy's Hospital Ladies' Association,
Guy's Hospital,
London, S.E.1.

Motivated by Ted

SIR,—After reading of the resignation of Ted from the East Wing Bar, in the *Gazette* of 20th November, 1971, I felt at last motivated to put down my glass and write.

During his time at Guys', Ted Barrow exhibited a delightful professionalism in that rather austere and institutional basement bar. His convivial tone and worthy advice have doubtless assisted many a chap through moments of darkness.

I trust that Mr. Les Day will have equal success.

Yours faithfully,
M. R. MASSER

Leeds General Infirmary, Leeds, 1.

PRIVATE GUY PUZZLES
THE ANSWERS

A Clever Student

If Charles is clever then from (2) he will pass Pathology and from B he will not pass Therapeutics.

If Charles is not clever, then from (1) he will not pass Therapeutics and from B he will pass Pathology.

If Tom is clever he will pass Therapeutics, from (4), and from B he will not pass Pathology. If Tom is not clever, then from (3) he will not pass Pathology and from B he will pass Therapeutics.

If Bill is clever, then from (6) he will pass Therapeutics and from B he will not pass Pathology. If Bill is not clever, then from (5) he will not pass Therapeutics and from B he will pass Pathology.

The following is now known:

If	Then he passes only
Charles is clever	Pathology
Charles is not clever	Pathology
Tom is clever	Therapeutics
Tom is not clever	Therapeutics
Bill is clever	Therapeutics
Bill is not clever	Pathology

Charles cannot be the only clever man because Charles and Bill will pass Pathology contradicting A. Bill cannot be the only clever man, because then Tom and Bill will pass Therapeutics contradicting A. However, if Tom is the only clever man, then he is the only man to pass Therapeutics, satisfying A, and he is the only man not to pass Pathology, satisfying B.

So Tom is clever.

How wide is the River?

When the ferry boats first meet they are 720 yards from one shore. The combined distance they have travelled is equal to the width of the Thames. When they reach the opposite shore the combined distance is twice the width of the river. On the return trip they meet again, having each covered a total of three times the width of the river, at a distance of 400 yards from the bank.

At the first meeting one boat had travelled 720 yards and when they meet again it must have travelled three times this distance or 2,160 yards.

This distance is 400 yards more than the river's width. The Thames is therefore 2,160 — 400 = 1,760 yards wide at this point.

What happens to the weight?

Regardless of how the monkey climbs—fast, slow, or by jumps—monkey and weight will always remain opposite. The monkey cannot go above or below the weight even by letting go of the rope, dropping and grabbing again.

UNCLE NIGEL'S CHRISTMAS QUIZ

ANSWERS

1. Prof. Hedley Atkins.
2. Mr. Blackburn.
3. Mr. Lawrie.
4. Mr. Rendall.
5. Dr. Mann.
6. Prof. Warwick.
7. Dr. Hardwick.
8. Dr. Joiner.
9. Dr. Stafford-Clark.
10. The Editor.

No prizes will be awarded for the correct answers.

NOTICES

GUY'S HOSPITAL DENTAL SCHOOL
NEWLAND-PEDLEY TRAVELLING SCHOLARSHIP

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's post-graduate dental study at an institution abroad approved by the Dental Council. The value of the Scholarship will be up to £1,500 and the actual amount of the award will depend upon whether the holder of the Scholarship proposes to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this school for the academic year following that in which the Scholarship is held.

This Scholarship will be offered for award in 1972. In order that applications may be considered by the Dental Council in sufficient time to enable the successful candidate to make arrangements for travel etc., it is necessary for all applications to be received by the Dean of Dental Studies by 1st February, 1972.

The Dean of Dental Studies will be pleased to discuss the matter with anyone who is interested.

RUGBY CLUB BALL

Guy's Hospital Rugby Football Club Annual Ball will be held on Thursday, 16th March, 1972, at Quaglino's, St. James's, London, S.W.1. 8 p.m. until 2 a.m. Dinner and Dancing to the Bill Savill Orchestra and Group and Discotheque. Tickets £6.50 per couple available from Peter Tillman, East Wing.

ANNUAL DENTAL CLINICAL MEETING

The Annual Dental Clinical Meeting will be held in the Dental Department on Saturday, 4th March, 1972, and the Dental Society Dinner will be held in the evening. A resumé of the programme will be published in the *Gazette* on the 18th February, 1972.

SPORT

SQUASH RACKETS

The squash club's traditional Sussex Tour on the weekend of 10th-12th December, was as enjoyable as ever and rather more successful than usual. It brought to a close the most successful first half to a season that the club has had for many years. If all the teams are considered the halfway score is:

Played 36, Won 28, Lost 7, Drawn 1.

With teams in the Cumberland Cup, Hospitals' Cup and the London University Leagues, 26 of the matches were "competitive" matches. However, it was in the remaining 10 "friendly" matches that we encountered some of our strongest opposition.

The first of our marathons against Bart's resulted in good wins for both teams. In the First V, Jerry Owen had a very hard match, requiring a marker, but came through to win in the fifth game.

Sundridge Park always field a useful side. This year their hard hitting first string completely outpaced Ian Nicholson and their experienced doubles pair of Messrs. Langdon and Evans (one of our vice presidents) outwitted Chris Langdon and Tony Edwards. But good wins by Ray Sharp, Chris MacKenzie and Ian Hamson gave Guy's the match.

This year Courage's Brewery fielded a much stronger side than formerly and nearly beat us. However, Guy's honour was saved by fine wins by Ian Nicholson at one and Chris Ellis at five.

Possibly our most pleasing victory of the season was over the Escorts, who have a habit of beating us every year! Ray Sharp won in five very long games and was well supported by Tony Edwards and Jerry Owen.

Results:

St. Bart's Hospital 1st V. Won 3—2
St. Bart's Hospital 2nd V. Won 3—2
Artists. Won 4—1
Sundridge Park. Won 3—2
Escorts. Won 3—1

HOSPITALS' CUP

For the second successive year Guy's were drawn against St. George's, in the First round. Even with a weakened team, we won 5—0, each player winning 3—0. Team: I. Nicholson, A. Edwards, C. MacKenzie, T. Reynolds, I. Harrison.

BRITISH UNIVERSITIES CHAMPIONSHIPS

This year's competition was held in Liverpool over the weekend of 4th-6th December. Ian Nicholson was one of three London University entrants. He had the misfortune to lose to the 3rd seed, in the second round, but then reached the semi-finals of the plate event, before being eliminated. The main event was comfortably won by P. Verrow, from St. Mary's. E.J.E.

SUSSEX TOUR 1971

For the first time for many years Guy's were unbeaten on the Sussex Tour. We started with an encouraging win in the first match, against Brighton. Ian Nicholson had little trouble beating ex-Guy's captain Tony Sutherland and was well supported with good wins from Ray Sharp and Rex Yetton. In the evening, three of the team joined Sutherland's party at an excellent Ball at Arundel Castle.

The match against Middleton followed all too soon after a wonderful lunch at Thatchings. But, despite this, and the exploits of the night before, we managed to win 4—1. Sharp and Yetton won easily while Tony Edwards scored a well deserved win.

The final match, on the Sunday, was against Brighton Hospital. Sharp won easily while Nicholson struggled home in five. Unfortunately, Yetton was unable to maintain his form and lost 3—1. That veteran tourist, Chris Langdon who, as he frequently pointed out, won all his matches last year, showed great form in the bar, but never really found his form on court! He lost in five close games against Middleton, and could not muster a win in the Brighton matches. With the score at 2—2, Edwards went on court against Sutherland. He was playing a true captain's game and leading 2—0 when the ball burst. As no one had a replacement, the match had to be abandoned as a draw.

Our thanks must go to Tony Edwards for his efficient organisation and to Janet who looked after us so well at Thatchings.

Team: I. Nicholson, R. Sharp, A. Edwards, R. Yetton, C. Langdon,

Results:

Brighton. Won 3—2
Middleton. Won 4—1
Brighton Hospital. Drew 2—2

I.N.

RUGBY

GUY'S v. STREATHAM AND CROYDON

Lost 42—0

This was an awful performance by Guy's and it is hard to think of a single occasion when the hospital players had the will or wit to even appear like making a score.

The afternoon began disastrously when the game commenced with only 13 Guy's players. One arrived 20 minutes late after an unfortunate failure of communication and the other did not materialise at all. Such chaos is hardly likely to inspire confidence. In fact a fifteenth man was acquired from the touchline but the injury that had originally prevented his selection now served to make him a running spectator as it were.

The only creditable aspect of the Guy's performance was the line-out work. Challacombe again proved his worth and Stuart also excelled. Everything else was terrible and nothing more so than the tackling. More accurately there was no tackling.

The score could have been even higher but then Streatham and Croydon are not an outstanding side and they were often clumsy in finishing moves which they had time and space to create at leisure.

Team: M. Danford, T. Owen, T. Druett, B. Armstrong, P. Board, A. Campbell, R. Croft, K. Rigg, T. Gibson, H. Holliday, R. Burt, S. Challacombe, D. Stuart, J. Forber, T. Want.

T.G.

SWIMMING

GUY'S HOSPITAL ANNUAL SWIMMING CLUB GALA

Whitechapel Baths, 24th November, 6.30 p.m.

On a cold November evening people from all sections of the Hospital gathered at the Whitechapel Baths to take part in and watch our Annual Gala. The Gala opened, just after 6.30 p.m., with the Men's Freestyle. Two heats were run in this first event and the winner was Nigel Masters at 37.4 secs. followed closely by Eric Gavin at 39.0 secs. (2 lengths, 66metres). The Ladies' Freestyle event (1 length, 33 metres) was won by Barbara Parry in 20 secs. with Judi Tipple and Lynn Buchanan runners up. Frances Abels won the second heat in 32.5 secs. with Anne Bradshaw and Vicki French hot on her heels. The Men's Breaststroke (2 lengths) was won by Nigel Masters (57.5 secs) with William Crozier in second place. Most of the girls present went in for the Ladies' Breaststroke (1 length) and so two heats were run. Jill Dear was the

fastest at 30 secs. followed closely by Carol Dow at 31.0 secs. The Men's Backcrawl was won by Eric Gavin in 43.5 secs. with Nigel Masters and Rod Bowering as runners up. The Ladies' Backcrawl was paced by Patricia Henry at 23.5 secs and Frances Abels at 25.5 secs. The Men's Butterfly (1 length) was won by William Crozier, who in dynamic style completed the length in 20.0 secs; John Clark was second. The Ladies' Butterfly was won by Barbara Parry in 22.9 seconds which showed her to be in great form.

The Mixed Relay was the next event. The competitors were divided up into four teams each containing two girls and two boys. This was a most amusing event with the girls putting everything they had into it. The event was won by B. R. Barbie and his team with Judi Tipple, Barbara Parry and Geoff Auckland. Nic Nicholas was the winner of the most "extraordinary dive event" which followed. Helen Dow showed us how it was really done and won herself a prize. The "candle and balloon" race provided some light amusement, with balloons bursting all over and candles getting extinguished. This proved to be great fun. The difficulty of keeping a candle alight whilst swimming was soon apparent! The "three-legged race" of 1 length was won by Eric Gavin and Frances Abels and the runners-up were Rod Bavering and Lynn Buchanan. In this race a girl and boy swam with their legs tied together. The "beer race" was the last competitive event in which Frank Cordingley, Dianne Munroe, Colin Holden and Anne Bradshaw starred. The final event of the evening was the mixed water polo match. This was great fun and a new sport for most of the girls. It was difficult to decide which team really won! Just before the end the Referee himself ended up in the water blowing the whistle. Our thanks and appreciation go to Mrs. A. C. Cambell who not only came along to support the Gala but also kindly provided and presented prizes to the winners of the main events.

R.B.

TABLE TENNIS

The annual tournament to decide the champion of the Guy's Hospital Table Tennis Club was held during the week beginning 29th November, and, as usual, attracted a large number of entrants. The men's competition (as far as the semi-finals) was held on Tuesday, 30th November, and the women's competition (as far as the finals) was held on Wednesday, 1st December; the remaining matches were then played on Thursday, 2nd December.

The men's competition attracted a large number of entrants, almost 30 in fact. An outstanding first round match was that between C. Pillai and A. West; the former won narrowly, after a very exciting match, with the score at 23-21, 21-18. The best second round match was played between Alan Greenwood and Chris Willis; Chris eventually scraped through with the score at 23-25, 21-17, 21-19. The eventual semi-finalists were Steve Willis, Nigel Willis, Nigel Harradine and Kenneth Wang, holder of the trophy.

The women's tournament was less well attended, but nevertheless some outstanding matches were seen, particularly the one between Yvonne Moragas and Phillipa Baron; Yvonne finally won, 21-18, 21-19, leaving herself and Janet Powell as the two finalists.

Top-class table tennis was in evidence on the final day of the tournament, with large cups and trophies to be won, but the outstanding match of the night was the men's final, between Steve Willis and Kenneth Wang; Kenneth's superior spin enabled him to stave off Steve's constant attacks, and he eventually won, 21-16, 18-21, 21-16, 19-21, 21-16. The women's final was almost equal in both excitement and proficiency, but Janet's superior serving enabled her to win the trophy, the score being 21-16, 21-18.

The trophies were very kindly presented by Mr. Pringle, the Chairman of the Club, to whom we give grateful thanks for his support of the tournament. Special mention must also be made of Steve Willis, without whose indefatigable flair for organisation this tournament could not have been held.

A.G.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Rheumatology to the Hume Kendall Unit at New Cross Hospital for the period 1st March to 31st August 1972 The successful candidate will have ample opportunity to take part in the educational and research organisation of the unit and to prepare for the M.R.C.P. Examination. Applications naming two referees should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than 14th January.

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of locum part-time senior house officer in the paediatric casualty department of the Evelina Hospital with attendance on six mornings a week for the period 1st February to 14th March, 1972 inclusive. Applications with the names of two referees should reach the Superintendent, Guy's Hospital, London, SE1 9RT, within one week.

HOUSE APPOINTMENTS

GUY'S HOSPITAL

The following Dental House Surgeon Appointments have been made for the period 15th January, 1972, to 31st July, 1972.

General Duties Resident
Mr. J. Y. Wakeham
Mr. T. R. Pitt Ford

General Duties with Oral Medicine
Mr. M. J. Gleeson

General Duties with Oral Surgery
Mr. H. McD. Gregg

General Duties
Mr. T. R. L. Gould
Miss R. J. Stanley
Mr. N. W. T Harradine
Mr. D. B. Armstrong
Mr. P. N. Adams

Prosthetics Department
Mr. M. D. Gross

Children's Dental Department
Miss M. Brown
Miss D. M. Langley

P. J. Helliwell
Superintendent

7th December 1971

PASS LIST

THE SOCIETY OF RADIOGRAPHERS

Diploma Examinations, October 1971.

D.S.R., Part 1.

Elizabeth Alliston
Christine Ball
Linda Coleman
Pauline Cullen
Marion Griffiths
Katherine Kelly
Jane Micklefield
Gwenneth Montgomery
Gay Phibbs
Joan Pittuck
Annette Rossetti
Yvonne Simons
Sara Weekes

D.S.R. (T)

Sarah Barson
Helen Flint
Mary Fry
Margaret Scott

D.S.R. (R)

Dharmista Amin (née Patel)
Linda Burgess
Jacqueline Curtis
Jennifer Earle
Jennifer Farley
Jillian Guest
Carol Kunkler
Patricia Mitchell-Gears
Onyike Oze
Barbara Stratton
Margaret Warne

D.S.R. (R & T)

Deborah Franklin
Hazel Maxwell
Mary Messenger

PERSONAL

FOR SALE, as new: To fit 6ft. 2in man. Evening tails coat £8. Morning dress coat and striped trousers £5 o.n.o. 01-504 7030.

We are expanding our Dental Group practice and are looking for another amenable colleague. Please telephone Colin Forsyth—Kettering 2525—during the day.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS A. M. TURNER and J. L. LEWIS
NEWS EDITORS C. G. CHINERY and D. I. F. KELLEHER
SPORTS CORRESPONDENT R. W. BURNS
NURSING CORRESPONDENT Miss P. M. JEFFERIES
BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2179

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

There is a pernicious principle eating into the minds of those controlling further education, and that is that it is no good educating the poor, the working class or the lower social groups, for we have had a system of free education for generations now and all the genes of intelligence have been selected naturally out of the lower social groups and have climbed higher. Perhaps the principle is not immediately recognisable, but it may become so in the near future. It is not necessary to point out all the false assertions in that proposition. Besides, there is not space. However, the way the principle reveals itself in recent statements about the future of higher education in this country deserves study.

There have been reports of official thoughts in the last week which, if put into effect, would ask students to repay, at least in part, their grants over a period of several years. It has also been proposed that students should stay at home and go to the local university of their town or city rather than go away and live in expensive university lodgings in distant counties. In more detail, the grants would be made up of three contributions, a local authority grant, a government loan and a parental contribution which would vary according to the parent's income. That, it is argued, would cut the public expenses of student education, give aid to those that needed it, and would charge those who received a benefit denied to others. It might also have the side effect of making people more critical of whether they really desired a university education, thus selecting only those dedicated to their faculty. The latter argument is somewhat akin to the one that encourages people to buy the world's most expensive beer because everyone knows the price.

The system of loans proposed in no way provides an equal opportunity for the children of poorer families, or to women, the other group whose underdevelopment is now so famous. How many could face an extra burden of about a thousand pounds or more at the age of twenty-one ? Rich families can, and do at the moment, afford to finance their children and will continue to do so. Women

would be even more reluctant than men to take on a heavy monetary debt at that age. Their fight is not yet won and few can see how many women will be free of families and babies for some time to come.

The proposal that students should live at home is also financially discriminative apart from being appallingly uncreative in the sense that it denies the collegiate system of living in hall which is found by many to be an admirable arrangement for the spread of ideas and enthusiasms. It would also alter universities in another fundamental way: at present they are not all the same. There is a refreshing dissimilarity of interests on the parts of the staff of the different universities. They would all have to provide a complete coverage of all subjects to be fair to the population of their town. Otherwise a person in, say Bognor, who found himself interested in Middle English would find himself unsupervised and without a library. Anybody stepping out of line and wanting to research into mouldy yeasts, or some modern-day equivalent, would have to lose his interests in other things and that would never do. The proposal is also unfair in that word would spread, insidiously and rapidly as only words can, as it does today with comprehensive schools, about the quality of the local educational institution. The price of family houses in the surroundings of the best universities would rise fast so the rich would find themselves as the only ones able to afford a particular university.

The situation all seems so complicated now that perhaps we ought to examine whether we want higher education at all. The world, although materially better off, is probably spiritually as meagre as it was when only the privileged were educated. Francis Bacon's vision of a steady progression of logical discovery leading to a paradise where all nature's beauty is known, apart from invoking a dread of such a cuckoo land of complacency, seems further away than ever.

The proposals limiting education to the rich would possibly bring closer the dream of a few idealists who believe education should not be institutionalised at all; that people should only learn what they personally want especially to learn and there should be a directory of subjects and all the experts whom students could visit for teaching. Education would be voluntary, pleasurable and more successful. However, it is unlikely that that is the aim behind the proposals.

In reply to the question whether we can afford to pay for higher education, the modern pithy answer is to say we cannot afford to be without it. But that apart, it is better to spend money on education than the pursuit of most other aims. Whether a more educated population is internally more harmonious is doubtful. It is less uncertain, however, that the rich, the meritocrats, the educated should not deny to others the pleasures of fulfilment with which they themselves are well acquainted.

Annual B.M.A. Junior Staff Lecture

As advertised later in the *Gazette*, the Annual B.M.A Junior Staff Lecture takes place on Tuesday, 18th January. This year Guy's is most fortunate to be host to Dr. David Tyrell, F.R.S.,

F.R.C.P., who is Director of the Communicable Disease and Common Cold Research Unit. This subject will be "Some 'New' Respiration Viruses" and Guy's Junior Staff Committee invite all students and members of staff to attend.

Non-Toxic Confusional States—

With great apprehension a few shy clinical medical students cautiously emerged from the locker room. They sneaked quietly on to the wards, hoping that nobody would notice their new, beautifully-clean white coats which are now compulsory for first- and second-year clinical students. They were spotted instantly by nurses, patients and other ward personnel whose reactions seemed favourable. However, many nurses were perplexed at the number of new housemen at Guy's and many students had politely to decline sedating patients, writing up drug sheets or ordering X-rays.

Students at Guy's have always been anonymous faces darting unnoticed in and out of the wards, at last the time has come when they are no longer mistaken for patients' relatives. Instead they are mistaken for other members of the hospital staff. A recent experiment on a medical firm showed that nurses, patients, registrars and consultants were pleased to see students wearing name badges. The time has come to end anonymity and give students distinctly coloured name-badges which can instantly be recognised from a distance.

NEWS IN BRIEF

Anaesthesiology Shock

The present unsatisfactory system of teaching anaesthesiology, during the period which embraces dermatology, ophthalmology, fevers, community medicine and a two-week course in general practice is to be abolished.

The new course will run for three months and will be combined with part of the junior surgical appointments. It has been organised by Dr. Hutton, Director of the Department of Anaesthetics, and Dr. Seed and will have a full timetable.

The course consists of lectures, tutorials and ward rounds together with an opportunity to assist in anaesthetic techniques in many surgical specialities. Particular emphasis will be placed upon dental outpatients and theatres in addition to general, neuro, thoracic, urogenital and gynaecological surgery. Visits to the Evelina, Maudsley and St. Olave's Hospitals will be included. Increased opportunities will be available for students to discuss and assist in premedication induction, erection of drips and intubation.

The new scheme comes into effect for the next junior surgical appointment later this month; students who have already completed this appointment will complete the anaesthesiology course in conjunction with dermatology as before.

It seems possible that these changes, giving students' intensive individual attention, will increase interest in anaesthesiology and the junior surgical firm would appear to be a suitable opportunity for so doing.

GUY'S DIARY

JANUARY

17	M	1.00	Clinical Lecture. Mr. KINDER. "Tumours of the Kidney."
18	Tu	1.00	Clinical Lecture. Dr. MOYNAHAN. "Spots and Genes: Birthmarks as Phenotypic Indicators of Serious Inherited Disease."
20	Th	1.00	Clinical Lecture. Dr. DEUCHAR. "Aneurisms."
21	F	9.00	Immunology in Relation to Clinical Medicine. Professor COHEN. "Immune Response in Clinical Medicine."
21	F	1.00	Clinical Lecture. Mr. LAWRIE.
24	M	1.00	Clinical Lecture. Mr. CRABBE. "Injuries to the Vertebral Column".
25	Tu	1.00	Clinical Lecture. Dr. DOW. "A Surgical Approach to Intractable Angina Pectoris."
27	Th	1.00	Clinical Lecture. Dr. JOINER. "Infective Endocarditis."
28	F	9.00	Immunology in Relation to Clinical Medicine. Professor COHEN. "Structure and Properties of Antibodies."

NOTICES

Residents' Play

The Residents' Play is being held from Monday, 7th February, to Friday, 11th February, in the Physiology Theatre at 8 p.m. Tickets will be available from Dr. A. J. Camm in the East Wing, Guy's Hospital.

WEEKEND COURSE

"General Paediatrics and Paediatric Dermatology".

The British Postgraduate Medical Federation will hold a Weekend Course for General Practitioners and Local Authority Medical Officers entitled "General Paediatrics and Paediatric Dermatology". This will take place on Saturday, 26th February, and Sunday, 27th February, 1972, at the Evelina Hospital. Applications for a place on the course should be made to the Hospital Secretary, Evelina Children's Hospital, Southwark Bridge Road, London, S.E.1.

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The Life Span of Men and Women

Claire Russell and W. M. S. Russell

Generalisations about the two sexes are apt to be made rather lightly, without checking. Aristotle, who had two concubines and a daughter, went on record with the statement that men have more teeth than women. But when modern textbooks tell us that, on average, women live longer than men, they are basing the conclusion on copious and reliable evidence, obtained in a number of countries. The trouble is that these countries are all of a certain kind. A few examples will show that the countries of the world can actually be divided into two groups (Table I). In the first group, people can generally expect to live something like three-score years and ten, and here women live longer than men. In the second group, people can generally expect much shorter lives, and here *men live longer than women.* The first group includes European countries, but also others, such as Canada and Japan; so the difference between the two groups is not one of region or race. The longer-lived countries are, roughly speaking, the highly industrialised ones, where modern medical services are most highly developed. Naturally these were the first to supply reliable statistics, and many generalisations which apply to them have been taken to apply to all mankind. But by now there is quite enough satisfactory evidence from the poorer, less industrialised countries to show beyond doubt that, when lives are short, women's are shorter than men's.

What about past history and pre-history, before the coming of modern industry and medicine? In studying early communities, we lack the detailed vital statistics and census data available in modern times. But there are other kinds of evidence. In the highly literate Roman Empire, gravestone epitaphs often supply the sex and age of the deceased, and evidence of this kind can be found covering several centuries over a wide region, from Spain to Romania, from Britain to Egypt.

Table I

Expectation of Life at Birth (years) in Ten Countries
Mid-20th Century

Country	Male	Female	Country	Male	Female
Canada	68.4	74.2	Cambodia	44.2	43.3
England and Wales	68.3	74.1	Guatemala	43.8	43.5
Hungary	65.2	69.6	Guinea (rural)	30.5	26.0
Japan	65.3	70.2	Pakistan	53.7	48.8
Sweden	71.7	75.2	Upper Volta	32.1	31.1

Note: the figures for Guatemala and Guinea are for 1949/1951 and 1954/1955 respectively. The other figures are for various dates between 1958 and 1962.

Table II

Expectation of Life at Age 20 (Additional Years) in Ten Past Communities

Community	Region	Period	Male	Female
Afalou	Algeria	Late Old Stone Age	26.80	16.80
Fofonovo	Siberia	Middle Stone Age	35.85	22.74
Vovnigi	S. Russia	New Stone Age	21.00	14.00
Volni	Ukraine	New Stone Age	15.84	16.80
Tiszapolgár	Hungary	Copper Age	27.06	26.62
Mezöcsát	Hungary	Bronze Age	25.09	17.74
Intercisa and Brigetio	Hungary	1st-4th Centuries A.D.	27.30	18.70
Keszthely-Dobogó	Hungary	4th-5th Centuries A.D.	31.34	25.06
Sopronköhida	Hungary	9th Century A.D.	26.60	32.93
Halimba-Cseres	Hungary	10th-11th Centuries A.D.	29.80	25.40

Note: the figures for the Roman towns of Intercisa and Brigetio were estimated from ages at death recorded on gravestones; the other figures were all obtained by studying skeletal remains.
Both tables are compiled from data given by Acsádi and Nemeskéri (see References).

J. Szilágyi has listed average values of age at death in 48 cities or regions of the Roman Empire, obtained from a total of 24,848 epitaphs. In eight of these places (with 2,271 epitaphs), the average age at death was the same for both sexes or a little higher for women than for men, with a difference of up to 1.7 years. In 40 places (with 22,577 epitaphs), the average age at death was higher for men than for women, with a difference that was often considerable and in four towns exceeded 15 years. On average, men lived longer than women in the Roman Empire.

For other early communities, we have only the evidence of the bare bones in cemeteries. Even when whole skeletons are available, their sex and age cannot be determined with 100% accuracy. However, average ages at death have been estimated for men and women in a wide variety of times and places, including Morocco in the Late Old Stone Age; Turkey, Macedonia, Cyprus and the Greek island of Kea in the New Stone Age; Turkey, Cyprus and mainland Greece (several sites) in the Bronze Age; Classical Greece; Anglo-Saxon Norfolk; Medieval Denmark; early Indian communities in Texas. In *all* these sites, the average age at death was higher for men than for women.

Modern data often permit the computation of a *life table.* This shows the proportions of a given generation of people who die at each different age, the total number of years still to be lived by all the survivors at each age, and hence the probable number of years still to be lived by each of them—the *life expectancy* at each age. The oldest surviving life table, largely guesswork, was constructed (for calculating the capital cost of annuities) by the Roman jurist Domitius Ulpianus in the 3rd century A.D. Modern life tables, based on accurate detailed information, may be compiled separately for the two sexes. It is then possible to compare the life expectancies

of males and females at every age, starting with their life expectancies at birth (as in Table I).

Under certain conditions, it is possible to compile life tables from collections of ancient epitaphs or skeletons. The most extensive series to date was published in 1970 by two Hungarian scientists, G. Acsádi and J. Nemeskéri. They pioneered the excavation of ancient sites specifically for population studies. They also developed, and tested on modern material, new indexes of measurements for determining the sex and age of human remains—a matter of interest in forensic medicine as well as archaeology. As a result, they were able to compute life expectancies at different ages for a couple of dozen early communities. It is difficult to sex the skeletons of children. However, from the age of 20 onwards, life expectancies could be computed separately for males and females. Over much or all of this part of the life span, men regularly had higher life expectancies than women. Some examples are shown in Table II, including the *only* two communities studied (Volni and Sopronköhida) where women consistently had the advantage. These exceptions hardly invalidate the general conclusion suggested by all the evidence. In industrial societies, women normally live longer than men. In pre-industrial societies, including *all* societies before the Industrial Revolution, men normally lived longer than women.

Since women can live longer than men in industrial societies, why do they die younger in pre-industrial ones? Part of the answer is provided by the hazards of childbirth. In a modern industrial society we have such advantages as advanced obstetrical methods, considerable control over infection, anaesthetic techniques to reduce pain and shock, medical services during pregnancy, abortion for cases of heart, lung or kidney disease, contraception to delay the first pregnancy and reduce the total number of pregnancies. All these factors must make childbearing safer for women, not only reducing the number of outright deaths, but also reducing the strain on health of repeated pregnancies, which may shorten women's lives in pre-industrial societies.

Acsádi and Nemeskéri, studying 1,756 skeletons (531 of them female) in medieval cemeteries in Hungary, found 12 skeletons of young women accompanied by foetal bones, usually in their pelvises or between their thighs. Death of mother *and* foetus in pregnancy or childbirth thus made up 0.68 per cent of all deaths, compared with 0.06 per cent in present-day Hungary—more than 10 times as many. This confirms the importance of the childbearing factor. But this factor alone does not seem sufficient to account for the often large difference in life expectancies between the sexes in pre-industrial societies (Tables I and II).

Conversely, the greater longevity of women in industrial societies has not always been associated with safety in childbearing. In Western Europe, women lived longer than men during the 19th century, when industrialisation was beginning there. Yet the 19th century saw the most terrible outbreaks of "childbed fever". Ironically, this was the result of a reform—the attendance of male physicians at deliveries, a practise which had been banned during the Middle Ages.

The physicians, unlike the midwives, had been attending the sick, and were thus more likely to carry infection. In the mid-19th century, the maternity hospital in Vienna was divided into two Divisions, the First devoted to teaching medical students, the Second to training midwives. Deaths per 1,000 births, over a 6-year period, averaged 33 in the Second Division, and 99 in the First. "When patients found out that they had entered the First Division by mistake, they knelt down, wrung their hands, and begged that they might be discharged." The great Hungarian physician Semmelweis, who saw the significance of the difference between Divisions, reduced the death-rate in the First Division to 12 per 1,000 births, simply by requiring the students to wash their hands in a solution of chloride of lime, and the problem was eventually solved by controlling infection.

Since women could still live longer on average than men in spite of such death-rates in childbirth, there must be another factor. Moreover, there is evidence from modern pre-industrial societies of higher death-rates for girls than for boys *before* sexual maturity. Now there is a widespread tendency in pre-industrial societies to attach less importance to females than to males, from the moment they are born. In classical Athens, for instance, out of 839 children referred to in the surviving records, 695 were boys; and the Greek historian Herodotus (roughly 485-425 B.C.) wrote of one statesman that "he died childless, leaving an only daughter". This attitude has naturally found practical expression, especially when times are hard, as they often are in over-populated pre-industrial societies—witness the shortness of even male life among them. Where infanticide has been commonly practised, girl babies have generally been killed more often than boy babies—for instance, in Greece (3rd century B.C.) and Italy (1st century A.D.). A Chinese 19th-century history of Hupei Province describes the violence done to parental feelings when a baby girl is drowned—"her parents close their eyes and turn their backs, while continuing to immerse her in the water tub until she ceases to utter her feeble cries". At a distance, a father at least could be more casual. On the 17th of June in the year 1 B.C., a certain Hilarion wrote from Alexandria, where he had gone on a job, to his wife in the small Egyptian town of Oxyrhynchos: "if, as may well happen, you have a baby, let it live if it's a boy; but if it's a girl expose it."

Without actually being killed, girls could be treated in ways that gave them less chance of a long life. In classical Athens, according to Xenophon, little girls were brought up on a sparse diet, with little protein. The British medical anthropologist Calvin Wells has shown how this sort of discrimination can be demonstrated even in ancient skeletons. When a growing child undergoes a period of illness or malnutrition, the long bones of the limbs stop growing for a time. Such episodes leave "bone scars" of arrested growth, called Harris's lines, which show up under X-rays. Subject to some complications, the distribution of these lines can be used to make inferences about an individual's early life. Studying Saxon skeletons in East Anglia, Wells has shown that the girls began to suffer arrested bone growth earlier in life than the boys. He suggests that they were underfed and overworked from a very early age. Such differences in treatment

may well affect length of life. Among free tradesmen and artisans in ancient Rome, the average life span was 34.1 years for men, and 24.7 years for women. Among slaves at Rome, the average life span was 17.2 for men, and 17.9 for women. Presumably *slave* boys were treated so badly that even slave girls could hardly be treated worse! Taken together with the childbearing factor, all this seems enough to account for the shorter female life span in pre-industrial societies. Acsádi and Nemeskéri sum up much of the story: "in countries where women are practically engrossed with pregnancy, childbirth, suckling, and in addition have to do all the work that falls on them by ancestral division of labour, often more exacting and wearing than the men's work, female mortality continues to be higher even today".

There remains another question. Since men live longer than women in pre-industrial societies, why do they die younger in industrial ones? When it was believed that men *always* die younger on average, before the facts about pre-industrial societies were known, it was generally assumed that women are inherently fitter, and therefore, longer-lived, than men. This could still be true. Relieved from the special stresses we have considered, in societies where everyone lives longer, women may at last be able to benefit from a difference of this kind. The chromosome mechanism of sex determination in man is more complex than was formerly supposed, but it is so designed that it could confer genetic advantages on the female. Women have a lower basal metabolic rate and steadier blood pressure than men, obvious evolutionary adaptations for the protracted energy drain of pregnancy and labour.

Recent tests on the Nurburgring circuit in West Germany have shown that women are better than men at long-distance driving, particularly at night, specifically because of better performance by their blood circulation. The slower and steadier physiological tempo might well enable women to stand up better to the long journey of human life. In many past communities, women began to have higher life expectancies than men *in the last years of life.* These were the women who had survived the ill-treatment of youth and the risks of childbearing, and who probably now had sons to defend them and younger women to serve them. Perhaps, like women in industrial societies, they were finally able to benefit from a natural advantage.

One other finding about old bones supports this hypothesis. The index developed by Acsádi and Nemeskéri for sex determination is based on 22 characteristics of the skeleton, especially the skull and pelvis. Each of these characteristics can be scored on a 5-point scale, ranging from "supermale" to "superfemale". The scores on all 22 characteristics are totted up, some being given more weight than others, and averaged, to give a composite measure of maleness or femaleness. Now between the Stone Age and Middle Ages of history, changes took place in both the male and the female skeleton. The difference between the sexes remained as great as ever, but *both sexes moved in the female direction,* so that a modern man is not very different in skeletal structure from a Stone Age woman, whereas

a Stone Age man was a "supermale", and a modern woman is a "superfemale". A systematic long-term change of this kind suggests the action of natural selection, and indicates that female skeletal characteristics confer greater fitness.

But is this the whole story? It is natural now to wonder whether modern industrial men would die so much younger than women (Table I), if they were not subjected to some special stresses —just as women are in pre-industrial societies. In industrial societies, substantially more men than women go out to work, exposed to competitive pressures and burdensome responsibilities, besides industrial health hazards and the fatigue and strain of long-distance commuting. Men in these societies, compared with women, present greater rates of accidents, stress diseases of the circulation, alcoholism and suicide. In the United States, it has recently been reported that, as more women go out to work, more women become heavy drinkers, though only 5 per cent of women drinkers fall into this category even now, compared with 21 per cent of male drinkers.

Factors such as these are worth exploring, in the interest of longer lives for both men and women. In industrial societies, peptic ulcers cause approximately twice as many deaths among men as among women. Now a factory worker spends a number of hours every day doing routine acts with exact timing. His wife will suffer with him, if he makes mistakes and his income goes down, but there is nothing she can do herself to ensure that he continues to earn well for both of them. With all this in mind, it is interesting to consider an animal experiment, carried out by the American scientist Joseph V. Brady. He put two monkeys in an apparatus, where they received brief electric shocks at regular intervals. This routine was applied for six hours, stopped for six hours, applied for another six hours, and so on. One of the monkeys could save both of them from the shock, by pressing a lever. The other monkey could do nothing to affect the situation. After 23 days, the lever-pressing monkey died, and autopsy revealed a large ulcer. The other monkey was still in perfect health.

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BOOK REVIEW

MEASUREMENT OF THE FACIES—A study in Down's syndrome by Michael Joseph and Carol Dawbarn.

This is a most refreshing book to read because the work is so predominantly practical and has been so painstakingly carried out. In an age when so many mechanical and electronic medical aids are available, it is extremely unusual to find a whole monograph concerned with measurement and direct study of the facial features.

The main purpose of the study was to try to establish a method of measuring the components of the face. We are all aware of the apparently characteristic facies present in many syndromes which we are often quite unable to analyse feature by feature. In this study Dr. Joseph and Miss Dawbarn have evaluated and analysed the facies found in Down's syndrome. There is a particularly good introductory chapter on the historical background to the measurement of the face which will be of special interest to those who enjoy medical history. The photographs and diagrams are of excellent quality and the tables of measurement clear and easily read. There is no doubt that this tome will be a useful addition to medical school libraries and will be of particular value to those teaching medical students; it is so easy in one's student years to become entrenched in the theory and higher discussion of various syndromes without having a good basic anatomical knowledge of the abnormalities. In addition this book will be of value to paediatricians seeing infants in whom the diagnosis of Down's syndrome is not clear cut and where a feature by feature analysis of the face may well be useful from the clinical point of view.

S.M.K.

NURSING SECTION

The Years of Training

The best method of training nurses has been a subject which has long occupied the minds of many erudite people.

The current fashion in this country appears to be one of increased pressurisation. More and more theory is presented for absorption in a decreasing length of time, and the period available for nurses to practise their skills is rapidly being eliminated.

The effects of all this are now showing markedly. As those who are qualified become less skilled, the amount of knowledge handed to the trainees becomes less. So the vicious circle continues. Time is at a premium and this is very evident from the behaviour of the nurses in the wards. All the niceties of patient care are fast disappearing. Nobody is available to make pillows comfortable. To present a drink on a tray is now far too troublesome.

It is not always the fault of the nurses that things are left undone. If there are only two nurses to twenty-six patients, one cannot blame them for omitting non-essentials. However, what is disturbing is the fact that on the rare occasions when the work load is less, these omissions are still made. The nurses are unaware of them and they are not sufficiently observant to notice what requires attention. Not surprisingly it is due to lack of attention to detail that examinations are failed at a rate inconceivable ten years ago.

We are unfortunately heading irretrievably towards the situation now being experienced in America. Everything will soon be a non-nursing duty in this country and the highly qualified, degree-endowed, State Registered Nurses will be completely incapable of nursing.

Why is the nursing training in this country not lengthened? After all, the doctors have to endure five years. It is still a fact that this country can produce good doctors whereas one would sometimes hesitate to say the same about nurses. As a result of lengthening the course, it might be possible to establish nursing as a profession in the minds of the public.

Surely it is impossible to give an adequate basic training in two years, which is now the trend? Again to refer to doctors, they specialise after five years basic education. How is it that nurses can afford to learn so much less, when we are constantly being informed of the team effort now required to care for the sick?

Might it not be more beneficial to the nurses, and the profession as a whole to encourage the trainees to embark upon a longer, more comprehensive training designed to produce persons who are skilled? It is interesting when one hears newly qualified nurses express the view that they cannot apply for positions as Staff Nurses because they feel that their knowledge is insufficient.

We are all aware that one "learns" to drive after passing the test but that test should surely be designed to produce licensees who are at least "safe" even if not experienced.

Christmas Concert Review

It appears that many critics, of various modes and hues, do not concern themselves with the amateur, and even the more creditable ones only condone him because they think it right—or safe—to do so, rather than in the conviction that amateurism is a healthy exercise. Indeed, some—and brilliance unfortunately does not confer tolerance—regard the amateur as a weird genus straight from the pages of Bierce's "Devil's Dictionary", but since Bierce lays the rule across everyone's knuckles, we all know the critic to be "A person who boasts himself hard to please because nobody tries to please him". And unfortunately for the critic nothing by the amateur is done with him in mind.

So, long fed up (in the old sense of this expression) with South Bank fare and the glittering round of northern Oratorio, how did the Christmas Concert at Southwark Cathedral come over to a soul long spawned on "the best the metropolis can offer"? Of course it was completely enjoyable simply because I have not eschewed happy memories of the school choir, where the last rehearsal was dreadful, the performance a complete success, and the pints somehow tastier afterwards.

The success of amateur music (and it is rarely *un*successful, unlike so many symphony concerts we read about!) like that of the kickabout (to take a leaf out of Hans Keller's book) resides in enthusiasm and friendship, and if the critic is to enjoy himself he must reject absolute standards and the Theory, and embrace the merits of relativity. But not all opprobrium should be heaped at the critic's door, for his notable air of despair partly springs from the very absence of the amateur virtues in professional music-making, especially in the orchestral field, where he also has to deal with conservatism, preserve of the orchestral player who, luckily for the listeners in expensive seats, covers his boredom with the skills for which he is paid. However this dexterity without joy results in a certain numbness where the skilled parts somehow fail to mask the monotony of the whole; the performance of Haydn's "Military" Symphony charmed more than a professional performance might, when the opening bars were enough to convince us there was sufficient dexterity, because the amateur virtues were ascendant.

The amateur and the professional obviously appeal to the critic or listener from widely different standpoints; the former inspires enthusiasm not often directly derived from the musical performance itself, whilst the latter as often as not invokes critical comparison, which tends to be applied negatively, and is rarely the "labour of love" Steiner feels the critic's work should be. So, devilishly opposed to Bierce's conception of the amateur and respectfully mindful of his view of the critic, how was the concert?

The recently revived Musica Medica Orchestra conducted by Bernard Jupp played Haydn's Symphony No. 100, the "Military", and the Music Club gave a performance of Britten's cantata "St.

Nicolas". The concert began with piano duets played by Jane Tovey and Elizabeth Tait, both former R.A.M. students who are now teaching.

They began with the Sonata in D (K.381) by Mozart, which displayed their talents best; allowing for unaccommodating acoustics their trilling was nevertheless weak, especially in the final allegro molto, and there were heavy hands in the andante, but the performance was vigorous and unhesitant. Two Military Marches by Schubert followed—in G and D—the latter the famous and lately revitalised "Marche Militaire" itself. The soloists enjoyed this orchestral piano music which was played with the requisite colour. They finished with two popular Slavonic Dances by Dvorak (even better orchestral piano music) but were less happy and able with these pieces, which require greater subtlety of tone-colour, rhythm and dynamics—three areas in which the soloists were not fully competent; these fears were confirmed in the second Dance, which was not well-played. But confidence strode through and the critical faculty was miraculously suspended; everyone was in a good mood, so it was fine. The dresses worn by the two executants were entirely appropriate, certainly not dowdy, as is often the case.

The "Military" Symphony was not slick and prospered as a result. The dancing subject in the first movement was strikingly well managed—usually it rolls off the ear on the records—whilst the janissary music was professionally horrendous but militarily superb. The woodwind section were especially competent. This was perhaps the most successful item in the concert because good balance was maintained throughout—not always the case in "St. Nicolas"—although the Cathedral acoustic was more inimical to the latter.

Britten's cantata "St. Nicolas" was composed for the Centenary of Lancing College in 1948, and other schools in the Woodward Foundation took part in the first performance. The text is by Eric Crozier and the work is scored for tenor, chorus and an orchestra consisting of piano duet, organ, strings and percussion. Britten provides notes on the piece which emphasise its simple character and its suitability for amateur performance; the choral singers need not be very experienced, whilst the string parts "are not very sophisticated, and can be played by amateur players"; the solo tenor part alone is "no amateur matter".

The evaluation of "St. Nicolas" must rest on the composer's relatively modest aims in the work and how the special circumstances of performance affected his style, which in the 'forties was fluid, still developing markedly. The decade was prolific vocally—apart from opera Britten wrote a series of vocal works and song-cycles which represent a marked stylistic progression; "Les Illuminations" (1939) stands at one end of the decade, the "Spring Symphony" (1949) at the other. In between came the Michaelangelo Sonnets (1940), the "Serenade" (1943), the John Donne Sonnets (1945), "A Charm of Lullabies" (1947), and "St. Nicolas" (1948).

In evaluating a vocal work by Britten, one is especially justified in studying the text closely. Crozier's text appears poor when held

against settings of more tasteful poetry but it is varied and simple, allowing for a correspondingly simply musical structure. Frank Howes calls it "entertaining", and like so many poetically bad texts, it nevertheless has great dramatic appeal, providing much scope for effective tonal painting—as evidenced by Britten's treatment of another Crozier text in his early "Ballad of Heroes".

The cantata consists of an Introduction and eight sections illustrating Nicolas's progress through life, from the water rippling " 'welcome' in the bathtub by his side", to his death, where "mine eyes have seen the misery of the earth", as well as providing the composer with a series of incidents which are dramatically varied. Howes points out that the clearly structured text markedly determines the musical structure, as is always the case with Britten, and that the text "imposed constraint upon the composer in the matter of difficulty". The text and music were probably even more closely conceived than this suggests, and only the Introduction—which has the finest music—departs somewhat from the overall textural and musical simplicity; the freer verse and striking imagery ("over the tremendous bridge of sixteen hundred years") and the exposition of ideas rather than the almost balladic incidents of the later sections, add up to a fine piece of music, harking back to past works in feeling and idiom; a conscious Englishness is evoked at the words "with you (faith) stands like forest oak . . ." whilst the free violin line, embellishing basic phrases in a manner entirely appropriate to the mood of the words, recalls the loneliness of the solo string writing in "Les Illuminations", composed nearly ten years before. The tenor solo, also errant, has occasional exalted phrases which contrast the unconcerned violin line, and the tolling orchestra provides deep tone colour. All is entirely characteristic.

In the second section "The Birth of Nicolas", the banality of the text is matched by an unusual degree of banal innocence in the music, with its boyish Nicolas.

The third section "Nicolas devotes himself to God" is more successful, having a clear musical response to the words; a melancholy stillness based on an undulating phrase (e.g. on "the twisted face of poverty") reminiscent of the dark "Sonnet" which closes the "Serenade" pervades the section.

The fourth section "He journeys to Palestine" has an evocative sea tone containing a typically Brittenesque sequence of calm following storm, and in the sixth "Nicolas from Prison", musical enactment of the words again ensues as the benificent chords of the Lord counteract the stuttering contagion around the Saint. In the seventh "Nicolas and the Pickled Boys", a Verdi march abruptly gives way to boyish, oft-repeated "alleluias" in praise of the miracle.

Although "St. Nicolas" is not an innovatory piece, it has certain aspects which tread new paths, to be developed in later works. But it consolidates rather than furthers the characteristic elements of Britten's music at that time, two of which, closely linked, stand out. The first is a penchant for the musical enactment of words, first consummated as a technique in the "Serenade", while the second is

his preoccupation with religious faith and its redemptive power—a redemption moreover, that is innocent, won by miraculous faith rather than by a more earthly process of gradual development. Colin Wilson writes of Britten's "non-stop emphasis on innocence" exemplifying this by the incident in "St. Nicolas", of the Pickled Boys, a blatant example, to his mind :

> "St. Nicolas warns some travellers not to eat their dinner as it is pickled flesh of three boys killed by the butcher. Nicolas brings them back to life and they depart singing. Everything is solved by a miracle; the real problem of the world's evil and the complexity that is the necessary accompaniment of evolution, are ignored."

Musically also, this miraculous forgiveness is without development or battle; the rabble-rousing Verdi march gives way to a procession of "three small boys" intoning "alleluias" which are taken up more vigorously by the off-stage altos and sopranos. This simple dramatic enactment is musically as well as morally innocent; such structures have continued to play an important part in Britten's music, for instance, in the "Prodigal Son" parable, whilst the specifically religious nature of some of his works since "St. Nicolas" might help to explain this simple distinction between good and evil and the intervention of Grace in the drama and music. Indeed, the very areas of innovation in the cantata, slight as they are, help to determine the work's strong religious flavour, and look forward to the truer forerunner of the Church parables, the "Morality", Noye's Fludde"; boys' voices are used; the boys, in choir dress, walk down the aisle towards the performers, and off-stage altos and sopranos sing as spirits; the congregation also sings two hymns, an idea only used again by the composer in "Noye's Fludde". All this seems to prompt a more naive approach to experience.

Despite the unctuous simplicity of much of this work, the purely musical aspects still shine through. Britten seems able to write successfully at just about any level of musical complexity and has a typically English eye for delicate tonal evocation rarely equalled by comparable contemporaries—such as Crosse and Williamson. So, "St. Nicolas" overall provides enjoyable fare, especially for the performers, to whom we now turn.

The Guy's Hospital Choir and the Musica Medica Orchestra (organ, Garrett O'Brien and piano duet, Anna Tsai and Roger Botha) was conducted by Richard Hayward and the semi-chorus by Rhys Williams. Keith Giles was the able tenor soloist. Hayward was certainly the "cool-headed" conductor required by the composer, who must turn to the congregation to conduct the hymns; he was competent throughout. Keith Giles's voice is admirably suited to the work, having the rich but individual tone one has come to expect of tenors who tackle Britten; he has greatest scope in the Introduction where the wayward but expressive vocal line interweaves with the lonely solo violin. Giles's high notes were sound and his approach to the performance appropriately circumspect, a little too much so at times, for although the part requires religiosity, Nicolas as a man was often more ranting than quietly pious.

The Choir, despite infelicities (the sailors had a hard time in the sea voyage sang well and enjoyed themselves, but because they were under-strength and behind the orchestra, the cathedral acoustic defeated them at times. The semi-chorus came over excellently, giving to the drama a sense of space not provided by the parts of the main chorus.

The Musica Medica Orchestra pulled it off again and special praise must be given to the spirited percussionists, especially the tam-tam man from whom professional tam-tam players might learn profitably when it comes to hitting their instrument very hard.

R. K. CONNELL.

NOTICE

ANNUAL B.M.A. JUNIOR STAFF LECTURE

5.00 p.m. TUESDAY, 18th JANUARY

in the Physiology Theatre

DR. DAVID TYRELL, F.R.S., F.R.C.P.,
Director of the Communicable Disease and Common Cold Research Unit,

will speak on

SOME "NEW" RESPIRATORY VIRUSES

All students and members of staff are invited to attend. Tea will be provided for members of staff in the Committee Room of the Medical School at 4.15 p.m.

CORRESPONDENCE

Part-Time Staff

SIR,—At the last Nurses' League meeting I asked several League members if they would be willing to return to work in the School. One accepted the challenge and I think is enjoying herself very much. If any other "ex Guy's" would like to follow her example, we would be delighted to have their help.

The days and hours of duty can be arranged by mutual convenience to suit special arrangements for children (and husbands). An Orientation programme is arranged, as it takes time to get used to all the changes which have occurred in the last ten years. After this, the job consists of working with the junior nurses in the wards teaching basic nursing.

With the forty-hour week it is more than ever necessary to maintain nursing standards and making sure the junior nurses have more help and supervision is one way to achieve this.

I should be delighted to hear from anyone who is interested.

Yours sincerely,

B. B. WHYTE
Principal Nursing Officer,
(Education Division)

School of Nursing,
Guy's Hospital, London, S.E.1.

Care of the Chronically Ill

SIR,—"It's hope which keeps you going". Words such as these are often used in relation to diseases such as cancer, leukaemia, multiple sclerosis, certain heart and lung conditions, epilepsy and so on.

Many societies, rather plaintively, endeavour to raise funds to promote research into these scourges by various methods such as football pools, selling Christmas Cards and by direct appeal.

Over-worked doctors with so much demand on their time must view the ever-lengthening list of societies with great frustration; a frustration which is born of the conviction that all would be conquered in a comparatively short time if enough resources were available. Resources, of course, include not only money, but professionally trained and committed doctors, nurses, scientists and technicians, not to mention the hardware of buildings and equipment. I understand that the training of a doctor takes about seven years.

Could he not share a small part of his wide spectrum of knowledge with those who are chronically sick or ill in suitable cases? We are in the age of the Open University and multiple-choice answering and the rate of change in our lives is greater than ever before.

Some of the young scientists who have not been placed in work from their degree course which ended last summer could teach the scientific method on a mass scale. Hope, combined with action, will often disperse fatalism.

Yours sincerely,

WATKYN JONES.

77 Disraeli Road,
Putney, London, S.W.15.

The D.E.S. Document

SIR,—The original need for change in the financing of Student Unions does not lie in either of the two suggestions made by Paul Hewish in his letter last issue.

The N.U.S. initially supported the government's enquiry into student union financing. It did so hoping the government would reduce the disparity in student union financing which exists between the universities and public sector of higher education. That is where the problem lies; that is what the document does not even attempt to remedy.

For example the subscription for each student at Guy's is £12.60. In the polytechnics and colleges of education and further education it is rarely more than £3 and in many colleges less than 50p!

The document is a direct attack on student union autonomy and *not* the level of subscriptions.

The two important contributors stated by Mr. Hewish are both exaggerated and inaccurate. The under-secretary of the D.E.S., Mr. Van-Straubenzee, at the Student Representative Council meeeting in December, admitted that ultra-vires payments by student unions played a very small part in influencing the form of the consultative document.

There have been very few cases of ultra-vires payments or expulsion of societies from student unions. Indeed the expulsion from students unions of political societies of moderate opinion (Monday Club?) was condemned at the N.U.S. conference at Margate.

Few alternatives have been suggested. But as far as the student movement and student union autonomy is concerned, the consultative document cannot possibly be used as a basis for negotiation.

N.U.S. policy as regards any change in the financial, constitutional or political autonomy of student unions, is that any change must be consistent with all student unions having:

(a) Parity of treatment, irrespective of educational sector.

(b) Control over their own affairs and funds.

(c) A guaranteed income on a subscription basis.

(d) Control over student union facilities.

(e) Constitutions decided by the sovereign bodies of the union.

(f) The full range of societies, entertainments and other activities at present sponsored by student unions.

(g) Automatic membership.

(h) Adequate audit procedures.

These criteria could well be used as a basis for the future of student union autonomy.

Yours,

DAVID COTTAM.

Guy's Hospital Students' Club,
Guy's Hospital,
London Bridge,
S.E.1.

Keeping our own Wounds Green

SIR.—Passim (6th November, 1971) arrived this year at a time supposedly associated with peace and goodwill towards men. Curiously enough, it generated feelings of extraordinary hostility. Speaking, I assume, of Sir Winston Churchill, the author states :—

> "He certainly deserved our thanks during his lifetime, but continued posthumous reverence for a man and his system which led Britons to kill is surely misplaced."

May I suggest that Sir Winston Churchill was a man who led Britons to defend themselves against seemingly insurmountable odds. I would guess that at the time of the Second World War, the author was either unborn or still in diapers. I myself was only a medical student in a reserved occupation. However, I was nonetheless aware of the sacrifices made by my contemporaries already in the armed forces, or by those who left medical school to join up. To them I owed my chance to continue my training and, subsequently, to qualify. Let there be no mistake about this. These men were not victims of "a system" which led Britons to kill. The author may be surprised to learn that, in those days, the issues were remarkably clear-cut.

I am not suffering from an attack of moist-eyed flag-waving Imperialism. It is merely that I cannot forget and I am sorry that others cannot see fit to remember. To say that this article was in poor taste would probably be the understatement of 1971.

Yours sincerely,

KEVIN ANDERSON.

19 Melrose Avenue,
Beulah Park,
South Australia 5067.

SPORT

SQUASH RACKETS

CUMBERLAND CUP

As regular readers may recall, Guy's Cumberland Cup side was unable to hold its position in the 4th division and so we started this season in the 5th and bottom division of the competition. This season, the team has been greatly strengthened by the arrival of Iain Nicholson, the Hampshire junior champion from Epsom College, and Ray Sharp, a badminton international, from the dental school.

We narrowly lost the first match to a very experienced South Kensington side. However, the team then began to sort itself out and "came good", with the result that we won the remaining four matches.

At the end of the first series, Guy's are in second place. We hope to do better in the second series!

Team : (from) I. Nicholson, R. Sharp, P. Collins, J. Owen, E. Evans, A. Edwards, C. Mackenzie, T. Reynolds.

Results:

vs. South Kensington	lost 2—3
North Surrey	won 5—0
North Middlesex	won 3—2
Metropolitan Police	won 4—1
Old Alleynians	won 3—2

E.J.E.

UNIVERSITY OF LONDON LEAGUES

To contain the growing interest in squash at Guy's, after much persuasion, the U.L. squash leagues committee allowed Guy's to enter a team in the 1st division of the league, on the condition that the existing team dropped from the 2nd to the 3rd division.

It is an indication of our strength in depth that we could turn out varied, and yet consistently strong teams whilst, at the same time, entering teams for other competitions (to the obvious annoyance of one colonial on the U.L. committee).

Our first team was comfortably in first place in the first division, losing only one match, with a considerably weakened side.

The second team came third in its division, whilst still maintaining its more social outlook. About 20 people have played for the team in the first half alone "and a good time was had by all". Rex Yetton, Philip Boyce and Chris Gilbert usually played well for the team or to the gallery! John Tilley, Angus Kingon, Richard Paisey and Lestor Pigot gave good support and were always willing to turn out at short notice.

The opposition in division 3 varied from the quite proficient to the distinctly mediocre, making it very difficult to pick a suitable team for each match.

C.G.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Registrar** in General Medicine to the Guy's Group of Hospitals for the period 1st February to 30th September, 1972. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **21st January, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Registrars** in Psychological Medicine to commence on 1st February, 1972. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **21st January, 1972.**

GUY'S HOSPITAL

Applications are invited for the appointment of research assistant (registrar grade) in the Cardiac Department to commence as soon as possible for a period of one year. Duties will include clinical and research work. Further information is available from Dr. Sowton (01-407 7600 ext. 737). Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **28th January, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of Senior **House Officer** in General Medicine to Nuffield House (Private Wing of Guy's Hospital) to commence 1st March, 1972 for a period of six months. Applications naming two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **14th January, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of Resident Paediatric **House Physician** (post-registration) at the Evelina Children's Hospital of Guy's Hospital for a period of six months to commence 1st April, 1972. This post is recognised for the D.C.H. and consists of four months medicine and two months surgery. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **14th January, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to the Thoracic Surgical Unit at Guy's Hospital, commencing 1st March, 1972 for a period of six months. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **14th January, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** (Medical) to the Renal and Transplant Units to commence 1st March, 1972 for a period of six months. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **14th January, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Gynaecology at St. Olave's Hospital of the Guy's Board of Governors for a period of six months commencing 1st March, 1972. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **14th January, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Casualty Officers** (3) (Senior House Officer grade) at Guy's for the six months period commencing 1st March, 1972. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **14th January, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Resident Obstetrician** (S.H.O. grade) for the period commencing 1st March, 1972 for six months. Applications together with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **14th January, 1972.**

GUY'S HOSPITAL
HOUSE APPOINTMENTS
1st March, 1972.

Applications are invited for the following house appointments due to begin on 1st March, 1972. Forms of application are obtainable from and should be returned to Mrs. Webster, Administrative Assistant for Medical Staffing, Counting House, not later than **20th January, 1972.**

The following house appointments will be for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

House Physicians	3
House Surgeons	4
Throat and Ear House Surgeon	1
Orthopaedic House Surgeon	1
Gynaecological House Surgeons	2

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's or elsewhere.

House Physician	1
House Surgeon	1
Children's House Physician	1
Genito-Urinary House Surgeon (or post-registration)	1

The following post-registration and S.H.O. appointments will be for six months:—

Resident Obstetrician (S.H.O.) 1
Neurological House Physician (post-registration) 1
Dermatological House Physician (S.H.O.) 1
Casualty Officers (S.H.O.) 3

The following post-registration and S.H.O. appointments will be for six months:—

Thoracic House Surgeon (S.H.O.) 1
Resident Anaesthetists (S.H.O.) 2
House Officer to Nuffield House (S.H.O.) 1
House Physicians in the Department of Psychological Medicine (S.H.O.) 2
(to commence 1st April, 1972).
House Officer to the Renal Unit (S.H.O.) 1

EVELINA HOSPITAL

Children's House Physician (post-registration) (to commence 1st April, 1972) 1

ST. OLAVE'S HOSPITAL

House Physician (pre-regitration) 1
Preference given to second six months' candidates.
Gynaecological House Surgeon (S.H.O.) 1
House Physician in Psychological Medicine (S.H.O.) 1

NEW CROSS HOSPITAL

House Physicians in General Medicine with Rheumatology and Geriatrics 2
(pre-registration)
Preference given to second six months' candidates.
House Officer in Rheumatology (S.H.O.) 1

OUTER HOSPITALS

Preference will be given to second six months' applicants for the following pre-registration posts, but first six months' candidates may apply:—

BECKENHAM HOSPITAL

House Surgeon 1

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases 1
(Locum available 15th—29th February, 1972.)

GREENWICH DISTRICT HOSPITAL

House Surgeon in Urology to Mr. Williams and Mr. Park 1
House Physician to Dr. Elliott, Dr. Collovey and Dr. Tillman 1

LEWISHAM HOSPITAL

House Surgeon to Mr. Le Brun 1
Locum 16th—29th February, 1972.
House Surgeon to Mr. Cavendish 1
House Physician to Dr. Llewellyn Smith 1

MILLER GENERAL HOSPITAL

House Physician to Dr. Hartley, Dr. Bassadone and Dr. Mallinson 1
House Surgeon to Mr. Candy and Mr. Eldin 1

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy 1
House Physician to Dr. Miller and Dr. King 1

ST. HELEN'S HOSPITAL, HASTINGS

House Physician in General Medicine and Geriatrics to Dr. Irvine. 1

P. J. HELLIWELL,
Superintendent.

29th December, 1971

PASS LIST

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

NOVEMBER, 1971 EXAMINATIONS

Final

Arnold, C. E. R. Miss
Clooney, A. E. Miss
Dear, D. S. Mrs. (née Tracey)
Dooley, B. K. Miss
Fisk, J. E. Miss
Frisby, M. L. Miss
James, P. I. Miss
McAllister, E. J. Mrs. (née Spiby)
Miles, J. Miss
Pettersen, S. S. Miss
Philps, V. M. L. Miss
Rasdall, J. B. Miss

Intermediate

Broad, G. M. Miss
Brooks, S. J. Miss
Dalton, A. J. Miss
Handley, J. E. D. Miss
Humphries, J. R. Mrs. (née Shephard)
Johnstone, J. A. Miss
Keeping, E. L. Miss
Lee, J. C. Miss
O'Brien, P. A. Miss
Patterson, C. G. Miss
Pollock, M. L. D. Miss
Ripley, L. Miss
Smith, H. L. Miss . . . Credit
Suttle, A. E. Miss
Taylor, E. Miss

Preliminary

Auld, P. A. Miss
Booth, B. M. Miss
Cornford, A. L. Miss
Cotton, R. A. Miss
Counsell, J. M. Miss
Ellis, J. Miss
Hall, L. M. Mrs. (née Bray)
Hall, S. L. Miss
Hughes, P. A. Miss
James, A. M. M. Miss
Johnson, P. J. Miss
Kirby, D. J. Miss
Lewis, V. B. Miss
Motum, M. D. Miss
Mutimer, S. A. Miss
Rasaiah, D. Miss

PERSONAL

DENTAL ASSOCIATE with view. Busy congenial practice in danger of becoming too busy to be congenial. Phone Southampton 49110.

FOR SALE, as new. To fit 6ft. 2in. man. Evening tails coat £8. Morning dress coat and striped trousers £5 o.n.o. 01-504 7030.

CHANGES OF ADDRESS

M. G. Fordham, L.D.S., R.C.S.Eng., 40 Berners Street, Ipswich IPI 3LU.

Mrs. M. M. Hallam, The Ravensbear House, Pound Street, Newbury, Berks.

Lawrence Roth, L.D.S., R.C.S.Eng., 22 Uxbridge Road, Stanmore, Middlx. HA7 3LG.

Herbert D. Weintraub, M.D. 6820 Millwood Road, Bethesda, Maryland, 20034, and The Dept. of Anesthesiology, George Washington University Hospital 901—23rd. St. N.W. Washington, D.C. 20037.

ENGAGEMENT

BAILEY—WILLIAMS—Mr. B. Malcolm W. Bailey, B.D.S. (Lond), L.D.S., R.C.S. (Eng.) to Miss E. Christine Williams. The marriage is to take place in April of this year in London.

MARRIAGE

DEBENHAM—NUNN—On 1st January, 1972 at All Saints, Banstead, Clive Robert Debenham, B.D.S. (Hons.) to Penelope Ann Nunn.

BIRTHS

BRUMMITT—On 4th November, 1971 at the Royal United Hospital Bath, to Annie (née Saunders) and Mike, twins, Christopher John and Lucy Anne.

DRUCE—On 26th November, 1971 to Veronica (née Gray) and Richard Druce in Yellowknife, N.W.T. Canada, a son, Michael Stuart Carey.

LAMBERT—To Barbara (née Walton) B.D.S. and Rev. David Lambert, a son, Nicholas Hardy, on 17th December.

STURZAKER—On 17th December, 1971, to Ann and Hugh, a son, John Richard, brother for Robert.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

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GUY'S HOSPITAL GAZETTE

EDITORS A. M. TURNER and Miss B. M. ORR
NEWS EDITORS C. G. CHINERY and D. I. F. KELLEHER
SPORTS CORRESPONDENT R. W. BURNS
NURSING CORRESPONDENT Miss P. M. JEFFERIES
BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2180

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Man on the top of the Clapham Omnibus has long been quoted as the final arbiter of Good Sense. One of the features of his intelligence hitherto unmentioned is the fact that he travels by omnibus rather than takes the Underground or uses a car of his own to travel round London.

A writer not long ago considered how he could most usefully spend twenty million pounds. Heading his list was an order for sufficient concrete entirely to fill the passages of the Northern Line from tip to toe. The venom against that unhappy line is understood by many who have travelled on it in the rush hour. They have had to wait for trains to go through the station before they can find one with enough space in a non-smoking carriage, which is slightly less offensive than the other variety. Once they have achieved the exalted status of passenger their troubles have only just started, since they soon approach closer to a personal claustrophobic crisis than they ever thought they would get and are gradually squashed towards the middle, half-way between two doors. They know the skill involved in the Odyssey. There is no hope of seeing the names of the station when the train stops because of the crush of people around them and the poor positioning of the names. In addition, being British, they are unable to admit defeat and ask where the train is. That knowledge is of little use even if they have it for it is not possible to get out from the middle of the crowd within the time that a train stops at a platform. By this time the greenhorn is thoroughly disorientated in space and as for time he has aged years since he left home, with inappropriate amounts of fight and flight substances in his arteries which have contributed to his anxiety. When these facts have been appreciated he learns the skill of counting the

number of times that the person next to him falls on top of him, disclosing fairly accurately how many times the train has stopped. If he has his calculations correct, he starts to move towards the door two stations in advance and is put off at precisely the correct station. If he has moved too early, because the train has stopped in a tunnel and cheated, or because his disorientation has been so complete that he could count no longer, he is squeezed out a station too soon and then has to go through the whole business again to reach his destination.

Cars are no better. We are now familiar with the giant metal worm that encircles and slides through London, composed of multiple replicated segments of individual cars, destroying all the city's goodness and reducing it to a ruin that is only good to play host to the continued passage of the worm, and that not for long.

No, what we want is more omnibuses and less cars. The Underground would be relieved and the omnibuses could move more quickly than cars do at present. If necessary public transport should be paid entirely out of the rates and thus individual journeys made free to attract more custom. Arguments that the experiments of free transport elsewhere in the world have not worked are hardly substantial since the only conclusion they reveal is that a whole population does not change its transport habits entirely and rid itself of its cars within the space of a short experiment lasting a matter of weeks.

When the *Germania's* toxic cargo was washed up on the Cornish coastline, it happened in an atmosphere of growing unease about man's handling of the only world he has. The time has now come to react and insist on counter-action. In parallel with the disasters of pollution emanating from industrial technology, there is the Malthusian spectre of an uncontrollable increase in world population. The economists might be prepared to justify the ever-increasing industrial horrors because the law of supply and demand requires an accelerating rate of production to meet the needs of an expanding human population. On the other hand, one has to agree with the logic of the Ecologist's "Blueprint for Survival": this process must not merely be slowed down but halted. Some would go as far as to suggest that Britain's population should even be decreased from its present 55 million to the 30 million mark—the number we could decently support on the food we produce.

Professor Paul Ehrlich recently suggested that if we urged our politicians to launch a population-pruning programme in England, we would be imitated elsewhere and thus make a contribution to international environmental sanity. A week earlier, the *Lancet* and the *B.M.J.* published a letter, signed by 55 doctors, recognising the problem of overpopulation in Britain and acknowledging the duty of the medical profession to seek a remedy, since by upsetting the balance between birth- and death-rates, the profession was largely to blame. Briefly, the remedy offered was that the government must admit to the existence of the problem; that family planning should be extended within the framework of the N.H.S. and include vasectomies on

demand; that the Abortion Law should remain liberal; that the career prospects of women should be improved; and that there should be widespread education on the population problem. These recommendations appear to be both reasonable and necessary. If their necessity can be disproved, however, let us hope that it will be by less drastic methods than the war, pestilence and famine of the Rev. Malthus' doctrine.

This week James Lewis retires from editorship of the *Gazette*, his elegance and wit will be missed.

In his place we welcome Barbara Orr.

GUY'S DIARY

JANUARY			
31	M	1.00	Clinical Lecture. Dr. HYAMS. "Geriatrics I."
FEBRUARY			
1	Tu	1.00	Clinical Lecture. Dr. MAC KEITH. "Development of Dryness."
3	Th	1.00	Clinical Lecture. Dr. JOINER. "Vascular Disease—I."
4	F	9.00	Immunology in Relation to Clinical Medicine. Professor COHEN. "Synthesis of Antibodies; Antigen—A6 interaction."
		2.15	Combined Round. Mr. YATES. "The principles of the management of cardiac disfunction with two examples—a surgeon's view."
7	M	1.00	Clinical Lecture. Professor MACDONALD. "Malnutrition: Britain 1972."
8	Tu	1.00	Clinical Lecture. Mr. ELLIS. "Aneurysms, Atheroma and Surgery."
10	Th	1.00	Clinical Lecture. Dr. JOINER. "Vascular Disease—II."
11	F	9.00	Immunology in Relation to Clinical Medicine. Professor COHEN. "Disorders of Antibody Production—Ig deficiency."
		1.00	Clinical Lecture. Mr. O'FLYNN.
		2.15	Combined Round. Pre-clinical classroom.

NOTICE

HOCKEY

The Past v. Present game is being arranged for Sunday, 5th March. If any Past members are interested in coming they should contact Roger Lallemand, Department of Surgery.

NEWS IN BRIEF

No Entry at Guy's

No entry signs, until recently covered by sack cloth, at the main entrance to Guy's were unveiled on midnight of 2nd January.

The objective was not just to confuse visitors, but to enable ambulances, mostly coming from a southerly direction, quicker access especially during the rush hour. It also ensures greater control over vehicles within the hospital grounds.

Up to the present time, the scheme has worked very successfully, entry is now from the southern end of Great Maze Pond, by way of Newcomen Street, Snowsfields, or Crosby Road from Long Lane, and not from St. Thomas Street at the northern end.

Admissions

The superintendent has sent out a circular which reads:—

Although we have not received a "red warning" from the EBS the rate of emergency medical admissions is running very high. I should be grateful therefore if house officers will keep this problem in mind before sending for patients from the waiting lists. To avoid wasting operating time it may be possible to plan a list with one or two major cases rather than a number of shorter operations.

Admissions are still taking place, but on a carefully selected basis.

The Cunliffe Laboratories

Constructed on the south side of the central part of New Guy's House the building will be arranged in two floors; the lower floor will contain the engineering workshops and physics laboratories, and the upper floor diagnostic facilities and staff amenities for a new department at Guy's of nuclear medicine.

The building will be connected to New Guy's House at the buffet entrance by way of a covered bridge from which there will be access to a roof garden.

The construction of the building will be of concrete frame, clad in a brick selected by the Architect to contrast with the Essex brick facing of New Guy's House and will have timber framed windows. The internal arrangements of the services and ducts will allow for good flexibility to cater for future needs. The building will be partially air conditioned.

The work commenced on 10th January, 1972, and is scheduled for completion at the end of June, 1973.

With the agreement of the present Lord Cunliffe and members of the family, the Board have decided that the name of the late Lord Cunliffe, who died in 1963, and was from 1932 a Governor, Treasurer and Chairman of the Hospital, should be perpetuated at Guy's by naming the new building "The Cunliffe Laboratories".

Guy's Hospital Students' Club

The Election for Student Representatives on the Students' Club Council for the year 1972-73 will be held on Thursday, 24th February, 1972.

Nominations must be made by 5.00 p.m. on Thursday, 10th February, 1972.

A notice, giving details of the procedure for making nomination and for the Election is posted in the entrance hall of the Medical School, the Dental Department and the Students' Club, and in the Colonnade. The Nomination Lists are posted in the entrance hall of the Students' Club.

Sensory Deprivation

Malik Mubbashar, B.Sc., M.B., B.S., D.P.M.

York Clinic

For some time it has been recognised that deprivation of all incoming sensory stimuli leads to a profound effect on individuals. The exact nature of the effects and the evidence concerning them are, however, less well understood. In this article the subject is discussed from the historical background and the different muddling and conflicting contributions to the fascinating subject are reviewed. There is then a description of specific interesting phenomena and psychiatric illness associated with sensory deprivation, and finally a discussion of what we know about the effects of dislocating man from the environment that nourishes his nervous system.

Emperor Frederick in the 13th century wished to learn which language was more ancient, Hebrew, Greek, Latin or Arabic, "so he bade foster mothers and nurses to suckle children, bathe and wash them, but in no way prattle with them or speak to them . . .But he laboured in vain because the children all died. For they could not live without the petting and joyful faces and loving words of their foster mothers."

In the early 1950s, Hebb of Montreal was also curious. How did the Chinese Communists obtain such extraordinary "confessions" from their prisoners of war? Was the "brainwashing" produced by isolation of the prisoners? Hebb exposed volunteer college students to isolation in the laboratory and found that indeed they became more suggestible. A few also became upset and befuddled. Was this comparable to the mental aberrations of shipwrecked sailors and long-isolated explorers ? Was this perhaps a safe way of producing a model psychosis in the laboratory, where it could be studied carefully and productively ? The impact of the findings on the imagination of re-research workers in the behavioral sciences was immediate and the race was on.

Many workers used modifications of Hebb's procedure. Some used a tank-type respirator. Lilly ingeniously produced a kind of ultimate in sensory deprivation by submerging subjects in a tank of tepid water with only blacked-out head masks through which they breathed. Results began to flow into the literature, intriguing and stimulating, some of clinical and practical importance.

"Sensory deprivation" became an "in" phrase and was mentioned prominently in connection with the transient psychoses seen in overtly isolated cardiac patients, orthopaedic patients in total body casts, post-operative cataract patient ("black patch psychosis"), and neglected elderly patients of any diagnosis. It helped explain the "grey-out" of jet pilots flying monotonously out of sight of the horizon; the "white-out" of Arctic and Antarctic explorers, the "rapture of the deep" in deep-sea divers; and mental lapses in long-distance truck drivers, industrial assembly-line workers, radar tube watchers, and

military guards at isolated posts. In early space flight, precautions were taken to give the Astronauts plenty of stimulation and things to do. (It turned out they had more than enough.)

Results from various laboratories then began to clash; gross differences were reported, for example in cognitive effects. The many variations in experimental technique permitted different and unrecognised emphasis on social isolation and immobility along with sensory deprivation and monotony. The power of suggestion and subject expectation, as well as the enormous differences in subjects' ability to tolerate the stress, were inadequately controlled. The field began to bog down in meaningless differences of opinion and a welter of detail. Attempts to quantitate the degree of sensory deprivation to which subjects were exposed and to monitor the element of drowsiness and sleep permitted some further progress to be made. Light was thrown on problems of the blind and deaf, and research continued in many avenues of animal work and human psychology. Sensory deprivation has perhaps never progressed very far, but it has wound its way doggedly into unexplored territory, and there are persistent workers still hard at it in the underbrush.

Definition. Sensory deprivation is the term applied to various experimental techniques designed to isolate the subject from its natural environment through the elimination, reduction or stereotyping of sensation from vision, hearing and touch. (Solomon *et al*, 1957.) The definition deliberately excluded two groups of phenomena, emotional and maternal deprivation and developmental deprivation. There are three main sources of information about sensory deprivation:—

1. *Anecdotal.* Reports of experiences in situations not specifically designed as experimental, such as polar exploration, submarining; high altitude flying, mountaineering, prison, concentration camp, and escape. (Sedman 1961, Solomon *et al* 1957 have written a lot about this.)

2. *Clinical.* Reports of experiences or behaviour of patients in which deprivation is an aspect of a wider clinical situation, such as amputation, described by Kolb in 1959; eye surgery, described by Ziskind (1960); poliomyelitis, Mendelson *et al* (1958); deafness and orthopaedic procedures, Jackson (1962).

   Evaluation is difficult, because it is often unclear whether there is any clouding of consciousness, and I think a critical review of this area is needed.

3. *Experimental.* Work on normal subjects was begun in 1951 by Heron, Scott, Bexton, Doanes, Mahatoo and others at McGill University under Professor Hebb. At least 16 American centres are at present engaged in research. In England, some work was done at the Maudsley, and Smith and Lewty published their first paper from Lancaster New Hospital in 1959. American research is now largely motivated by the problems of space travelling. A recent symposium on space flight devoted several papers to the topic.

Variables. Three complexes of variables have been used:—

1. *Absolute reduction of quantity of input or profound sensory isolation as described by Shurley in* 1960. In his procedure the main aim was maximum achievable reduction of ambient physical stimuli, plus the maintenance at a constant level of those stimuli impossible to eliminate. The subject was immersed in a large tank of slowly flowing water, and instructed to inhibit all unnecessary body movements; a microphone and tape-recorder made audible and kept a record of all comments by the subject. Similar immersion procedures have been used by others, such as Lilly in 1956. The iron lung has been used by Solomon and Wexler in 1957 and 1958 respectively.
2. *Alteration of patterning of stimuli.* Here the procedure has been to limit the visible sensory output by goggles, admitting only translucent light, and not permitting object perception, and by random sequence of blanketing sounds. Smith and Lewty in 1959 used a room suspended on nylon cords with a sound pressure level of 82db. Similar environments were provided by Bexton (1954); Scott (1959); Vernon and Hoffman (1956); Goldberger and Holt (1959).
3. *Monotony.* Variables in this category may be separated from the second variable because of the emphasis on structuring and affective factors of interest and retention. Here the environment is characterised by an absence of change. Several workers have noted the relevance of earlier studies of monotony and of vigilance, especially worth mentioning is Mackworth (1950).

   Although we should realise that absolute reduction of sensory input is clearly impossible to achieve, manipulation of exteroception alters relative thresholds and proprioceptive input which is largely beyond control.

Number and Types of Subjects

Experiments lasting perhaps eight hours, or 14-24 hours, need two experimenters for each subject. Published data therefore refers to single cases or to small groups. Most subjects have been paid. Volunteers were members of the armed services, described as normal. However, volunteers for such experiments are not a random sample. It is probable that such groups contain persons likely to have merited a diagnostic label, had they presented as patients at a psychiatric clinic.

The Effect of Sensory Deprivation Experiences

The following twelve aspects have been studied:

1. *Panic, Fear, Anxiety*—Panic occurred in two of the 17 subjects of Wexler in 1958. Anxiety or panic was given as the reason for leaving isolation by 16 of the 19 subjects of Smith and Lewty in 1959. Six included somatic symptoms and three of them gave panic alone as the reason. However, panic is rare, and fear and anxiety are not often mentioned but those investigators who suggest regularity tend to place it at the end.

2. *Affective level*—Smith and Lewty report that one of their subjects had a definite depressive reaction. Shurley's reports, 1960, after three hours showed great lability of mood, and Scott (1959) observed a childish sense of humour, irritability and annoyance in 40 per cent of his patients.

3. *Perceptual changes*—Changes in the perceptual field were first reported in the experiments of the McGill group. The subjects of Doane *et al* (1959), experienced apparent movement independent of movement by the observer, and part of the moving figure appeared to trail behind the rest. The room appeared to move. Pronounced negative after images appeared and colours seemed bright and highly saturated or luminescent. Black figures on a white ground gave rise to subjective colours. There were consistent changes in size consistency experiments, auto-kinetic phenomena, colour adaptation and after-movement images.

   Grunebaum in 1960 reported that straight lines appeared to move, to change size, and halos to develop. Freedman (1959) after eight hours of deprivation formed perceptive affects.

4. *Perceptual motor skills*—Significant decline in Rotary pursuit ability was recorded by Vernon *et al* (1969), but only after 48 hours of deprivation. Gross motor skill in a rail-walking test was adversely affected, especially after 72 hours, although the findings of Scott in 1959 with mirror tracing contradict those just mentioned.

5. *Time*—Time was usually over-estimated by half an hour to three hours, and degree of error appeared to change during deprivation. Smith and Lewty (1959) and Cohen (1961) reported that only one subject out of ten grossly mis-perceived time. Under-estimation is reported by Shurley and by Walters, but there was no consistent pattern in the reports of Wexler *et al* (1958). Recently in 1968, Banks and Cappon reported almost universal under-estimation but no clear relationship with feelings about the passage of time.

6. *Changes in level of consciousness*—In all the lengthy periods of deprivation subjects passed varying periods of sleep. The Smith and Lewty subjects had more than six hours. All slept more at the beginning. Shurley's subjects had a sequence of brief two minute naps, awaking with an eerie feeling that they had been out of this world. Graybiel and Clarke (1961) suggests a relationship between ability to sleep and resistance to ill-effects of deprivation.

7. *Level of attention, restlessness, inability to concentrate*—All but two of 20 subjects used by Smith and Lewty became agitated and restless, both subjectively and objectively. Only two subjects were irritable and aggressive. Shurley's subject (1960) could not concentrate. Similar effects on attention are listed by Bexton and Freedman.

8. *Cognitive efficiency, problem solving, abstract thought*—In all 18 subjects who stayed for any length of time there was disturbance of thinking. In several concentration was considered to be completely lost (Smith and Lewty 1959).

   Subjects of Davis *et al* (1964) reported feelings of mental clouding, but test results on block design and hidden figures showed no significant difference, though little support for deteriorating effects came from Vernon and Hoffman (1956). Using a learning test they surprisingly found improvement.

   Logical deductions alone showed significant impairment in the group of Goldberger and Holt.

9. *Body image disturbances*—A minority of researchers have reported this. Seven subjects in Smith and Lewty, mostly towards the end, reported changes like "My arm is like a ton weight and feels fatter than my body". Reporting the early McGill work Bexton had comments of strangeness in the body and of two bodies as overlapping in space. Goldberger, Holt and Cohen also reported body image disturbances.

10. *Imagery*—McGill workers were the first to evoke hallucinations by experimental interference with perception under sensory deprivation.

    a. *Auditory*—Auditory phenomena have been infrequently reported. The voices range from conversation and music to shouting. It is difficult to evaluate these auditory phenomena. Some may in fact be illusions, or delusional percepts.

       Under the conditions of sensory deprivation as to what might be heard are not available, for example a physician heard the gliding sound of his own large joints, which by the layman might well have been mis-interpreted.

    b. *Visual*—All Shurley's 11 subjects experienced some form of mental imagery, from daydreams to fully projected hallucinatory experiences. Several images were three-dimensional in colour, and completely projected.

    c. *Kinaesthetic, tactile, olfactory and gustatory imagery*—Four subjects are reported by Hebb as experiencing kinaesthetic and anaesthetic phenomena. Davis reports tactile and olfactory phenomena. Shurley's subject said, "I felt that I was stirring with my left leg, and it was a spoon in an iced-tea glass, just going round and round".

       A subject in Freedman said there was an odour around him like garlic, and sensations of floating in the air.

11. *Sensitive feelings*—Some experiments reported spirits which may loosely be described as sensitive feelings or as paranoid in character, Freedman (1961), Davis (1960), Shurley (1960).

12. *Somatic complaints*—Smith and Lewty, with 27 volunteers, had three cases of such complaints. Davis found more feelings of somatic complaints in the deprived group. Wexler classifies these statements as pseudo-somatic delusions. Mendelson reports many somatic complaints.

Temporal consequences of deprivation phenomena—Several workers have claimed a temporal order like Smith and Lewty in 1959, Lilly and Shurley 1961, etc. They list a pattern of eight responses in sensory isolation syndrome. Later Shurley himself denied any such regularity.

Duration of the Phenomenon and Post-Isolation Phenomenon—One of the initially surprising findings is the reports of the post-deprivation phenomena. Heron *et al* found some effects persisted in 24 hours. Freedman considered effects lasted on average about five minutes. Smith and Lewty were aware of no post-isolation phenomena. Bexton obtained reports of headache and fatigue and mild nausea for 24 hours after isolation. Lilly had a post-isolation sensation of refreshment and finally Goldberg and Holt reported varied sequellae.

Specific Interesting Phenomena and Psychiatric Illness associated with Sensory Deprivation:—

1. *Role of Social Isolation*—Work done by Davis, McCourt, Courteney, Solomon. They carried out two series of experiments to test the effect of social contact in standardised sensory deprivation situations. In the first group, five pairs of male strangers were tested, each of the pairs being in his own tank-type respirator, not seeing one another, but permitted to converse. In the second, 11 married couples were tested similarly. The results indicated:—
   a. Social isolation in itself produces none of the effects of experimental sensory deprivation.
   b. Social contact does not eliminate the mental disturbances in sensory deprivation.
   c. Social contact does not lessen the effect of sensory deprivation.
2. *The role of input relevance in sensory isolation*—Norman Rosenzweig, M.D., and Maurice Gardiner carried out an investigation which was designed to make a systematic study of the hypothesis that the effects of sensory isolation are due to the removal of meaningful information relevant to the solution of an internally perceived problem. Three experimental conditions were used, in which auditory input was the only experimental variable not held constant. The three varieties of auditory input were—(1) white noise—no meaning; (2) recordings of playlets, puzzles and jokes—meanings present; (3) tape recordings played backwards (no meanings).

   The paper reports comparative effects produced in 10 subjects in each condition, as obtained from subjects' reports and psychological tests.

   The results suggest that heightened imagery seen in sensory isolation is related to a patterning of input, but that disturbance of concentration, sleep/wake confusion, emotional lability, impairment of reality; errors of visual retention and certain cognitive and certain perceptual impairments.
3. *Perceptual Isolation and Schizophrenia*—Harris in 1957 made the observations, followed by Smith and Lewty in 1959. The twelve schizophrenics had been ill for at least five years.

They were all typical long-term nuclear or process schizophrenics. Results at the end of the 40-hour (for normal people) were non-existent or negligible so it was decided to continue much longer than originally planned.

Briefly three main results were obtained:

a. Schizophrenics tolerated it remarkably well.
b. That all under-estimated time, and
c. That their hallucinations were less vivid and troublesome during the time in the cubicle.

4. *Perceptual Isolation and Psychotomimetic Drugs.*
Cohen in 1958 and Leiderman in 1966 reported on Phencyclidine 10 mg. given to isolated subjects.
The results briefly suggest that the conditions of sensory deprivation seemed to prevent the usual psychological effects associated with the particular drugs, suggesting that for these phenomena to occur definite sensory inputs need to be present.

5. *Studies of the Deaf with Relation to Psychiatric Theory*—Kenneth Altsttuler in 1954 conducted both controlled and clinical observations of persons with early total deafness. He concluded that deafness leads to late and often incomplete development of language, and also that despite the variety and severity of ensuing early stresses, schizophrenia appears with no greater frequency in the deaf than in people with normal hearing. It is of interest however that hallucination, alleged to be auditory, occur in almost the same proportion of cases as in hearing schizophrenics. Altsttuler found that obessional character problems and psychotic depression that is characterised by psychomotor retardation are rare, but an increase in impulsive behaviour is clearly noted amongst this special population.

6. *Visual Phenomenology in Recently Blind Adults.*
A psychological investigation of 66 recently blind adults revealed that depressive reactions were prominent in a generally abating course. Not only that, but visual residue and behaviour irrelevant to blindness occurred in all subjects.

7. *Personality Disturbance and Congenital and Perinatal Sensory Deprivation*—David A. Freedman has shown very early deficiency of Coenesthetic (non-specific) sensory experience results in gross apparently irreversible, personality disturbance.

Theoretical Explanations:

There has been no dearth of theorising—but basically there are two possible explanations.

(a) Physiological.
(b) Psychological.

Physiological

Because of "the strategic location of the ascending reticular activating system of its sensory input, it meets an unfamiliar situation. It is believed this change accounts for the unusual features of sensory deprivation" (Lindsley 1961). Viewing the brain not as a mere re-

ceiver of input, but as having some self activity, the adaptive quality of normal brain function depends on input to maintain this reality—adapted activity. Interference with input allows function to continue but becoming increasingly out of phase. Reduction of external stimuli allowing endogenous activity in end-organs, e.g. in the eye, to fire back into the cortex has been suggested as explaining some of the deprivation data.

Psychological

Psychological theories are of two types: Those deriving from (1) academic psychology, e.g. from theories of the motivational effects of exteroceptive stimulation (Kubzansky and Leiderman 1961), or from theories of perception and the disruption of the process by which one monitors and corrects the model and strategies used in dealing with the environment (Bruner 1961); (2) the psychoanalytic theory of ego autonomy as derived from Hartmann, Erikson and from Rapaport; the latter has suggested (1958) that in the absence of external stimulation the ego becomes unable to maintain its autonomy from the id and the effectiveness of ego structures in controlling id impulses may be impaired. None of these theories is satisfactory, if for no other reason than that is is not clear what is the true nature of the phenomenon to be explained. Others do not permit of experimental verification.

Conclusion and Criticism

(1) Large groups of subjects cannot be expected in researches of this type, and numbers and range have been limited. (2) Sufficient data are not available about essential characteristics of the experimental subjects. One cannot exclude the conservative hypothesis that some at least of the dramatic findings have explanations not at all specific to the conditions of deprivation. (3) A farrago of variables with minimal control has been included in the term sensory deprivation. Only recently have workers begun to attempt experimental discrimination between social and sensory deprivation, or to distinguish between (a) experimental variables, (b) personality variables, (c) interaction variables, and (d) procedural variables. Situations of high uncertainty or defined goal have not been distinguished, nor have those with in-group members or paid volunteer strangers. (4) Published research reflects the emphasis on content characteristic of dynamic psychiatry and psychology and ignores the phenomenological approach.

Much of the published interview data or listing of symptoms is of limited value. Nothing is said about the formal qualities of the experience and one cannot decide whether it is an hallucination or a pseudo-hallucination, a delusional percept, a delusion-like idea, an overvalued idea or a delusional notion. (5) Except in one or two cases there has been no replication. (6) There has been a tendency to seek theoretical explanations of the often inconsistent findings in the speculative areas of neurology, communication theory, psychoanalysis and perceptual theory without first considering the resources of more conventional formulations. There has also been a tendency to accumulate

supporting evidence from other fields, e.g. maturational studies, ignoring the logical fallacies involved. Pseudo-precision at too early a stage is to be avoided, but a little of the rigour of research into sleep deprivation would be welcome.

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NOTICE

BRITISH MEDICAL ASSOCIATION

Board of Science and Education

MEDICAL STUDENTS COMPETITION

Closing date for entries, 30th March, 1972

The Council of the British Medical Association is prepared to offer prizes to Medical Students for accounts of original observations in any field of medical interest.

There will be prizes up to the value of £50, and students may submit individual or joint entries.

Any student who is a registered member of a medical school reading for a first medical qualification registerable in the United Kingdom is eligible to compete.

Further particulars and entry forms may be obtained from :

THE SECRETARY,
BOARD OF SCIENCE AND EDUCATION,
BRITISH MEDICAL ASSOCIATION,
B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, WC1H 9JP

NURSING SECTION

The March of Progress?

One of the most frequently discussed topics nowadays in the professional journals, and between nurses and doctors, is that of the progress which has been made over recent years in medicine and nursing. This inevitably leads one at times to stop and to peruse the matter a little more closely. Has there been progress? And if it is thought about a little more deeply what is progress?

Most nurses undertake their career in order to try and be of use to the community, and in fact if they were to be entirely successful in conjunction with the medical profession in achieving their ultimate goal, would be redundant. Thus the aim of nurses—amongst others—is to eliminate the need for their existence. There does however appear to be very little likelihood of this happening, as one ploughs through interminable pages of available posts each week. In view of this one would then be led to assume that the attempts at progress have been singularly unsuccessful.

Superficially of course progress has been made. One has only to compare the work of a nurse today with that of even ten years ago to comprehend the differences. Everything is more refined and more knowledge exists.

But what of progress? Has it really occurred? It is a fact that certain diseases are now non-existent as a result of research and new techniques. In their places however have arisen problems just as great. The life expectancy of man has increased, and as a result there is now a grave risk that this planet will be uninhabitable within a century. We are dependent on plant life for survival, and yet progress has meant destruction of this.

In the field of nursing, progress has been claimed in both technical and professional aspects. With regard to the latter, however, what does this really mean in human terms? Do not the same problems continue to arise in different guises? The students are certainly no happier, and in many instances seem a great deal less so. The surge of nurses in the direction of agencies would appear to qualify this last remark.

In common with humanity at large, the profession has been caught in the hysteria of progress. One can only wonder if it would not be more accurate to describe it as a gyration in which everyone is involved.

Should nurses not then consider just what they mean, when euphemistically using the word progress? Might it not at times be wiser to cease acting and contemplate the eventual outcome? Sometimes one can only be left to think that we are merely circulating and that in fact there is very little forward movement.

CORRESPONDENCE

Miss Margaret Duncombe

SIR,—I was surprised to find that there was no mention in the *Gazette* of the M.B.E. awarded to Miss Margaret Duncombe, in the new year's honours.

She received her general training at Guy's, was the ward sister in Caleb and Diplock for some years, and was Lady Superintendent of the Evelina Hospital.

She is also the author of the only text book on paediatric nursing, and has served on many committees.

Until recently she was the Matron of the Queen Victoria Hospital, East Grinstead.

Surely Guy's hospital should be proud of such a worthy member, and her just reward at least deserves a mention.

Yours sincerely,
IDA M. PEREIRA,

23 Clifton Rise,
London SE14 6ER

We apologise for the omission—The Editors.

Mr. E. Smith

SIR,—Mr. E. Smith, the Superintendent of the Medical School Workshop is due to retire in March of this year. As many of the present and past staff are aware he has given unstinting service to the School over a period of 35 years. He made a considerable contribution towards making the evacuation to Tunbridge Wells during the war years a success. It is proposed to make a presentation to Mr. Smith on Friday, 17th March, 1972, and a contribution towards this will be appreciated. Please make any cheques payable to me.

Yours sincerely,
PROFESSOR J. JOSEPH
Chairman Workshop Committee

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, SE1 9RT

'59 Club

SIR,—May I, through the courtesy of your columns, give notice of the next Annual Dinner of the '59 Club which will be held at 7.15 p.m. for 7.45 p.m. on Saturday, 11th March, at Kettner's Restaurant, Romilly Street, Soho, W.1.

I shall be writing separately to each member of the Club, but if any member has changed his address and does not receive my communication, would he please contact me.

Yours sincerely,
JOHN SMALLSHAW
Hon. Secretary. '59 Club.

Cornerway,
Park Road,
Banstead, Surrey.

1971 Christmas Show

SIR,—May I take this opportunity on behalf of those who watched the Show, and those who worked so hard to make it possible, to explain to Dr. Simpson a few facts of which he seems to be in ignorance.

Out of the nineteen sketches in the Show, nine were original, and three others had only been performed once before (and only at Guy's). The songs, designed for audience participation, must therefore be songs which everyone knows (including people from outside the Hospital): hence "Bye, bye Blackbird" again.

A great deal of effort went into producing a Show that was not full of "in" (i.e. Guy's) jokes, for the reason that it is for those (M.A.S. please note) whose artistic appreciations only rise to "scabrous local satire" that the Resident's Play caters: the Christmas Show had a much wider audience. It was therefore decided not to produce a rival Resident's Play.

What a pity it is that Dr. Simpson could not be bothered to mention any of the cast by name, except Piers (whose name incidentally is spelt Rheinhold).

Finally, may I say on behalf of those who adored those chorus girls, a very sincere "Thank you" to all who made the Show possible and, in doing so, raised over £220 for the Children's Ward.

Yours sincerely,
ROGER FARRELL
Producer

East Wing,
Guy's Hospital,
S.E.1

Lost Papers

SIR,—On Wednesday, 2nd January, at 10.30 a.m., my black "Antler" briefcase (initials L. A. U.) was removed from the top of the rear staircase on the second floor of the Dental Department. The case contained irreplaceable project notes of value only to myself. The return of the notes is my only interest and any help in this matter would be gratefully received.

Yours faithfully,
L. A. USISKIN
Senior Lecturer

Department of Orthodontics,
Guy's Hospital,
London Bridge, S.E.1

The Lunatic Fringe

SIR,—My *Gazette* reaches me late; nevertheless your Passim of 6th November, invites some comment containing, as it does, obscure English and ill-judged remarks to a surprising degree.

In your discussion of students' haircuts prior to the M.B. orals you state there should be no need to radically alter hair length; indeed, you are quite right, but not for the reason you imagine. Patients, with a good deal of intuition, are suspicious of those whose cultivation of fashion extremes might parallel equally bizarre clinical judgment. Whether there is validity or not for such a view is quite beside the point: if the public feels most happy dealing with male doctors of male appearance then neither practitioners nor students have any business to undermine this belief by deviations from the profession's conservative attitudes.

The remarks about "the man who was British leader during the second World War" (his name was Winston Churchill) are offensive. You resort to the well-known tabloid trick of combining technical accuracy with moral inaccuracy when you write of "a man and his system which led Britons to kill". The posthumous reverence for Sir Winston, which you find misplaced, is based on the belief that without his leadership the war would have been lost. And if that had come to pass there would now neither be a *Guy's Gazette* nor licence for juvenile editors to express juvenile opinions.

Yours truly,

DOUGLAS M. SMITH, M.R.C.O.G., F.R.C.S. (C)

Dept. of Obstetrics,
University of Alberta Hospital,
Edmonton, Canada.

* * *

In view of the correspondence about Passim of 6th November entitled "Keeping Our Own Wounds Green" it is necessary to explain in more detail the sentiments intended by the arguments presented there. There was no malignant offence intended towards Sir Winston Churchill. Such offence as has been assumed to have been given could only be quite gratuitously insulting and as such unworthy of statement. The Passim was concerned with the ambivalence with which we approach the phenomenon of violence. It was timely to discuss such a topic in that at present we have what approximately amounts to a civil war within the United Kingdom, and the violence on both sides has been the cause of genuine alarm. The Passim stated quite clearly that "He certainly deserved our thanks during his lifetime," which was meant to mean just that. It continued "but continued posthumous reverence for a man and his system which led Britons to kill is surely misplaced." That, and in the context of the remainder, which was by far the majority of the Passim, was intended to mean that we should not continue to look to our own successes with violence as being our finest achievements with the consequent implication that it is an achievement we should wish to emulate. Leading Britons to kill was clearly a successful way of achieving the defeat of Nazism and peace in Western Europe ever since then. That does not mean we should continue to regard the solution reached then as representing for ever more the best and only way out of a ghastly situation. War between the major powers looks like being an impractical solution to problems in future. We should be looking forward with present users of peace, rather than backward at past fighting heroes, many of whom had so tragically to die.

Finally there was no moral inaccuracy. The suggestion that the population of Britain was a victim of coercion on the part of the British Political system or its chosen leader was not the author's interpretation of the words used.—The Editor.

SPORT

COMMENT

This Hospital's teams have always played games on two afternoons a week, and not just once each weekend. However it seems that a conspiracy is afoot to make Wednesday afternoons almost the most important periods for both Medical and Dental students to turn up.

If we must have teaching sessions on a Wednesday afternoon could not an alternative time be arranged so that the games-playing minority can make a choice of when they attend? At the moment several demonstrations clash with the games afternoon; Pathology for the Medical students; Prosthetics and Conservation for the Dentists, not to mention the fevers course and some outpatients clinics.

I am not suggesting that our professional training should be put behind the games but we are not officially apprentices, we are part of the University of London. League and Cup matches take place on Wednesdays, and these against other colleges who have Wednesday afternoons free.

Surely a compromise can be reached without the sportsmen bashing their heads against a brick wall? Departments could co-operate more when arranging their timetables. Perhaps no one will listen for we are not an irresistible force but equally the administration is not an immovable object.

RUGBY CUP PROSPECTS

It is well known that playing flair in preceding club games does not often correspond to the performances realised in the Cup competition. In fact what seems to count is the specific training programme for the Cup games which attempts to achieve a disciplined, calculated winning technique as well as the ability to put this into force on the day. Carter Croft has the Cup squad already moving in those channels with training sessions on Sunday and Wednesday evenings and Sunday mornings. The coaching expertise of Dr. Hugh Burry has been reinforced this season by another New Zealander, David Coombs. Several members of last season's Cup-winning fifteen are now unavailable. Dick Barough, John Novak, Bob Burt, Chris Neville, Ian Baker, Tony Fallowfield and Peter Matthews no longer qualify for the competition. The services of Charles Thorburn and John Ross are however still on tap and these two players should give valuable experience to the pack and threequarters respectively. Further encouragement to our prospects is lent by the presence of two freshmen Alistair Cooke and "Taffy" Owen, who at centre and outside-half have played several sound games this season.

I.B.

GUY'S v. PLYMOUTH ALBION

Lost 22—0

In rather atrocious conditions Guy's fell victim to a powerful Plymouth side but not in the manner suggested by the score.

Once again Guy's found themselves without a vital player who was prevented from travelling at the last moment by an accident. It was necessary to improvise by recruiting an ex-Guy's player only hours before the kick-off.

This event and continuous rain dampened spirits a little but not much. The pitch, allegedly fitted with a new drainage system, resembled a reservoir when viewed from the stand.

Conditions more than anything influenced the pattern of the game. Within minutes of starting Plymouth scored the first of their five tries. Much to the delight of a small crowd. Guy's fought back with great pluck and refused to concede anything without a struggle.

The Guy's forwards played extremely well particularly in the loose. Stuart revelled in the mud, repeatedly pushing his way through the mauls and snatching the ball when it could be identified. Holliday demonstrated his skill as a footballer kicking when pressed and repeatedly smuggling the ball out to the backs. Of the other forwards Want and Burlinson impressed by the staunch manner in which they countered their opposing props. It seemed remarkable that the lighter Guy's pack could at times push their opponents backward. Despite all this, Guy's could never gain possession from the set pieces when it seemed most important.

Plymouth, surprisingly, ran the ball whenever a scoring position was achieved. That they succeeded in this play was largely due to missed tackles and a facility for creating an overlap for which Guy's could find no tactical answer.

For much of the game high kicks and forward rushes by both sides forced play back and forth. It was a taxing time for the full-backs and Danford fielded and tackled brilliantly.

The score undoutedly reflected which side was more deserving but none of the Guy's side could feel disheartened by his performance. It was simply one of those days when justice was not quite done.

Team: M. Danford, C. Croft, G. Owen, D. Jones, A. Cooke, B. Armstrong, J. Cembala, T. Want, T. Gibson, D. Stuart, S. Challacombe, R. Burlinson, K. Rigg, H. Holliday, N. Allen.

HOCKEY

The first half of the season ended with 3-0 wins over Bedford College in the University of London Cup and South Essex, a weaker than usual team this year, in a regular Saturday fixture. The former is best forgotten in spite of the result while the latter proved encouraging. Although the 1st XI was somewhat depleted for this last match by absentees in the defence it was possible to retain a full strength forward line who, at last, are beginning to look dangerous. Those who were promoted to fill in the gaps in the defence produced very creditable performances, particularly Robert Hannaford at left back. There were one or two narrow escapes but the score sheet remained clean!

In a word the first half of the season could be described as variable. It began with a trial of the 4-2-4 formation in view of the lack of anyone suitable to fill the centre-half position. In retrospect this was probably an error and the only person to thrive on this arrangement was Phil Nicol who proved a remarkable "sweeper". Since reverting to a conventional 5-3-2, Tes Rubello has played very well at centre-half.

The two players who might be said to have discovered themselves are Paul Wilmer on the left wing—this is clearly his position—and John Cottingham in goal, who after a shaky start has gone from strength to strength. Robert Clark has been playing for a very good U.H. side on Sundays, and this is a measure of his present performance. Robert Forber, after some indeterminate oscillating between Guy's and U.L., played for us in the last few matches, a trend which it is hoped will continue since he adds considerable penetration to the forwards.

There seems to be little reason why the wins in recent matches should not be continued although if good results, particularly in the Hospitals Cup, are to be obtained there will have to be a greater willingness for pre-match practice.

Finally everyone, in particular myself, owes a thank-you to Roger Burns who after a strenuous season as captain last year was hoping to relax a litttle. This was not to be so, since no sooner had the season started than he found himself in the skipper's seat again owing to the dreaded yellow peril! It is to be hoped that the spell is now over and that he can hand over the responsibility for a well-earned rest.

P.C.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar** in general medicine to the Board of Governors of Guy's Hospital and the South East Metropolitan Regional Hospital Board commencing 28th March 1972 until 30th September 1975. The appointment will be made jointly by the bodies concerned and the period in the region will be spent at Lewisham Hospital. The post which will be reviewed at the end of the first year, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). *Forms of application are available from* and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **8th February.**

PASS LIST

ROYAL COLLEGE OF PATHOLOGISTS

Final M.R.C.Path. Examination November/December 1971

J. Alaghband-Zadeh

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

F.R.C.P.

R. G. Spector

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

F.R.C.S.

M. E. Blacklee
M. W. J. Older

UNIVERSITY OF CAMBRIDGE

Final M.B. Part I
Michaelmas 1971

R. S. Ackroyd (A B)
W. C. Brownlee (A B)
C. H. Collis (A B)
J. C. Davies (A B)
T. K. Day (A B)
D. W. Edwards (A B)
W. J. F. Fitzpatrick (A B)
L. K. Jackson (A B)
W. J. Jenkins (A B)
A N. Johns (A B)
F P. F. Marshall (A B)
P. R. Powell-Jackson (A B)
C. D. Pusey (A B)
H. A. Sowerby (A B)
R. E. Sturdy (A)
A. R. Tanner (A B)
M. St.G. Wheeley (B)

(A)—Pathology (B)—Pharmacology

Final M.B. Part II
Michaelmas 1971

N. C. Bartlett (B)
B. R. Beaumont (A B C)
M. Reuben (B)
K. O. Thompson (B)

(A)—Physic. (B)—Surgery (C)—Obstetrics and Gynaecology

UNIVERSITY OF LONDON

D.Sc.
October 1971

P. L. Williams

UNIVERSITY OF LONDON

Ph.D. (Medicine)
October 1971

N. H. Hammoshi (Pharmacology)

Ph.D. (Science)
October 1971

Mary F. Cooper (Biochemistry)

Second Examination in Dental Surgery
December 1971

P. C. Coley
Laetitia M. Finlay
I. M. Freiberger
G. A. Irvine
D. P. Mills
N. R. Munks
S. H. Sachedina
S. J. W. Twiggs
J. P. S. Williams

Third (B.D.S.) Examination in Dental Surgery November 1971

Honours

I. R. Cooper (Distinction in Medicine)
R. W. A. Court (Distinction in Dental Surgery)
M. J. Gleeson (Distinction in Pathology and Bacteriology and Dental Surgery)
Rosalind S. Grazin (Distinction in Orthodontics)
N. W. T. Harradine (Distinction in Pathology and Bacteriology and Dental Surgery)
T. R. Pitt-Ford (Distinction in Prosthetic Dentistry)
A. J. Ward-Davies (Distinction in Medicine)

Pass

P. N. Adams
D. B. Armstrong
M. F. Ashley
Gillian M. Barker
S. C. Bazlinton
K. V. Bell
Moira Brown
R. E. Burt
G. W. Butcher
D. I. M. Charmichael
M. J. Carter
Sophie M. Cheevers
Hazel L. Collier
Anne Combeer
P. J. Cranfield
D. W. S. Davies
Dorothy R. Evans
A. G. Fallowfield
D. N. Glover
J. R. Goodhand
T. R. L. Gould
H. McD. Gregg
Julie A. Howlett
M. J. Hughes
O. L. Jeeves
R. C. Knowles
Diana M. Langley
J. P. C. McGlone
M. G. M. McIntyre
Hilary E. Mayne
D. A. G. Munn
G. Nicholas
M. J. Novak
Rowena Oakes
R. P. Ross
M. A. Sanyi
D. B. Skinner
A. A. Skry
Rosemary J. Stanley
P. Stevenson-Moore
J. Y. Wakeham
J. R. Walker
C. Kuk-Seng Wang
J. R. Zabkiewicz

UNIVERSITY OF LONDON

Third (B.D.S.) Examination in Dental Surgery November 1971

Part I

S. M. Bateson
Jane O. Crang
G. G. Dodsley
I. C. Dutton
F. J. Foster
S. B. Frost
R. Hartley
Margaret P. Hooley
R. J. Ibbetson
N. M. King
F. J. Moorhouse
Geraldine F. O Connor
Anna M. Quilty
P. N. Read
S. N. Rigby
P. L. Titchin

Part II

R. N. Allen
D. J. Allison
I. Bamford
D. J. Beardsley
G. F. R. Bernays
M. J. Breen
M. Brummell
R A. Burn-Murdoch
R. M. Bye
G. A. Chasak
P. A. Day
M. McW. Drew
N. M. A. El-Jabari
R. C. Fell
M. L. Fennell
E. G. Fox
A. A. Holland
D. F. Hoyos
Katherine V. Jones
R. W. Kane
A. W. Klyve
J. P. Lacey
R. N. B. Lewis
R. J. D. Milner
S. M. Milner
G. R. Newman
S. B. Nilsen
D. A. Oram
R. G. D. Pinckney
M. L. V. Portelly
C. J. L. Price
Susan E. A. M. Smart
J. M. S. Tan
Jennifer M. Turnpenny
T. J. L. Want
J. Webb
C. P. Willis

Part III

Elizabeth J. Bodycombe
M. J. Borsberry
J. N. E. Buckley
J. A. Clark
P. A. Cooper
Diane Dennison
A. P. P. Edwards
G. M. Hall
J. P. A. Harrison
Margaret M. Hirst
Elizabeth S. Poulton
C. R. Ryan
Monica R. Symes
S. H. Troughton Smith
R. L. Wood

UNIVERSITY OF LONDON
B.Sc.
August 1971

First-Class Honours

J. G. Ayres
G. W. Bergman
F. T. Cordingley
S. G. Edmondson
A. W. Ellis
J. M. A. Graham
R. W. D. Nickalls
A. M. Weindling
N. J. White

Second-Class Honours—Upper Division

C. A. Bevis
Clare M. W. B. Carter
Caroline R. De Cates
Anne Dornhorst
C. J. K. Ellis
Sa'ly A. Gallagher
J. M. Haworth
W. C. Lee
Jennifer J. Lees
M. Lim
A. Ouyang
R. J. M. Pascoe
G. B. Tobin
J. S. Townsend
R. H. M. Williams

Second-Class Honours—Lower Division

R. J. B. Bowering
M. J. O. Coe

Third-Class Honours

P. W. Young

UNIVERSITY OF OXFORD
2nd B.M.
Michaelmas 1971

M. A. Lavelle (completed the examination)
D. A. G. Cook (Medicine and Surgery)
M. H. Davies (Medicine)

PERSONAL

DENTAL ASSOCIATE with view. Busy congenial practice in danger of becoming too busy to be congenial. Tel: Southampton 49110.

WEST SOMERSET—Associate/assistant with or without view required in busy four surgery market town practice. Full book, accommodation available. Urgent. Apply to: Dr. T. J. Mirams, Longridge, High Ham, Langport, Somerset.

PARTNER OR ASSISTANT WITH VIEW—Preferably under 35, for Group Practice in Southwark. Purpose built premises with appointments system and full nursing and ancillary staff, close to three teaching hospitals and actively involved in undergraduate teaching programmes. Emphasis on personal medicine with additional interests in gynaecology; psychiatry; paediatrics and medicine of social destitution. Outstanding opportunity for young enthusiast. Apply: Dr. R. Pietroni, 2 Princess Street, London, SE1 6JP.

WANTED—Furnished flat/house to rent March. Young couple. Reasonable access to Guy's. Box No. 1/1.

CHANGES OF ADDRESS

Dr. Robert D. Scholefield—Derry Ormand, Flat 2, Walford Road, Ross-on-Wye. Herefordshire.

Dr. and Mrs. J. H. Tripp, 41 Great Ormond Street, London, W.C.1. until end of June, 1972.

ENGAGEMENT

PICKUP—CREWS—The engagement is announced between Mr. Anthony Pickup, B.Sc., and Miss Sally L. Crews.

BIRTH

BOWEN SIMPKINS—On 28th December, 1971 to Kathrine (née Gauguin) and Peter, a daughter (Philippa) sister for Emma.

PAPERS BY GUY'S MEN

Benson, P. F. Biochemical abnormalities in chromosome anomalies. *Lancet*, 1971, **2**, 1200. (Correspondence)

Folb, P. I., Smith, A. and Trounce, J. R. Lymphocyte transformation, *British Medical Journal*, 1971, **4**, 813. (Correspondence)

Ivanyi, L. and Lehner, T. The significance of serum factors in stimulation of lymphocytes from patients with periodontal dis ase by *Veillonella Alcalescens*, *International Archives of Allergy*, 1971, **41**, 620.

Mac Keith, R. Screening for spastics. *British Medical Journal*, 1971, **4**, 622 (Correspondence)

Neill, D. J. and another. Dental care of the elderly. *British Dental Journal*, 1971, **131**, 528. (Correspondence)

Rees, R. J. W. and other. Studies on the determination of the minimal inhibitory concentration of 4, 4'-diamino-diphenyl-sulphone (Dapsone, DDS) against *Mycobacterium leprae*. *Leprosy Review*, 1971, **42**, 101.

GUY'S HOSPITAL GAZETTE

EDITORS A. M. TURNER and Miss B. M. ORR
NEWS EDITORS C. G. CHINERY and D. I. F. KELLEHER
SPORTS CORRESPONDENT R. W. BURNS
NURSING CORRESPONDENT Miss P. M. JEFFERIES
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FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2181

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Violent News is Good News

Television, Radio and Newspapers, the so-called news media, have lately been accused of belying the other meaning of their name. The adjective medium means average, between two extremes. The accusation has been that they interest themselves only with the sensational, with violence, with tragedies, with sexual offences and share the common fault of all modern communications, including feature films and books, that they familiarise us all with brutalised pictures of stories.

The argument runs that seeing or reading about extreme nastiness induces us to regard such behaviour as acceptable. From that has been concluded that the newspapers, electronic communications and books have corrupted us, have made us more grisly, and the means of expressing social unrest, for example the pictures of the pickets of the miners' strike and the open violence of Ulster, have been induced to become more extreme in order to catch attention.

That criticism would appear attractive at first and even if it were wrong, it might be considered the crime is unimportant. But it is not. A bland dismissal of the evil goat television into the unheeded wilderness, blamed for the sins of the people, would help in no way our problems with violence and might well do harm. It has been thought that the people of the United States of America remained fairly indifferent to the suffering in Vietnam until the general advent of colour television and news items showing the blood of the victims.

There is little evidence that people nowadays are any more extreme in their reaction to what they see as a problem that will not respond to peaceful solutions. One can, perhaps, conceivably implicate pamphleteers in the violent revolts through history, but, if we are to believe the thesis of natural selection, the survival of homo sapiens was dependent on a struggle in which presumed competitors perished.

It seems unlikely that man's ability to communicate to many distant fellows has corrupted him into violence.

It would be inaccurate, however, to pass over the fact that, essentially, mass communications represent a way of life that is special, and as such is not wholly for the general good. The sexual freedom and violence one sees in films and plays is not the normal practice in everyone's living room, and one would not be sanctioned to do in the open what is done in the open in films. They present an unreal view of life, and only in a very weak hypothetical way can they be said to be of much value. That hypothesis is that the extremes of emotions and behaviour in films, plays and many modern books are a reflection of a desire to slake our thirst for more of what we dare not do ourselves; they extract from the human frame behaviour that is credible but unusual. But it is more likely that the desire to shock or to arouse people into life that is professed to be the aim of their creators is an immoderate reaction to the sloppiness, the insipid flabbiness of the majority of the earlier Hollywood and English films and best selling magazines that endeavoured to ignore the phenomenon altogether.

People, unsurprisingly, are happy to see these creations, but are not fulfilled through seeing them. It is unfair perhaps to judge all the products of the film and television industry as having failed in that they are not masterpieces of expression that lead to fulfilment; but they do need that justification if they are to provide an excuse for wresting man from living and reducing him to a passive spectator.

NOTICE

DENTAL ANNUAL CLINICAL MEETING, 4th MARCH 1972

ABBREVIATED PROGRAMME

Morning Session (10 a.m.—12 noon)

ANATOMY LECTURE THEATRE, MEDICAL SCHOOL

11.45 a.m. Lecture: "The Medico-Legal Responsibilities of the Dental Surgeon"—Professor C. Keith Simpson.

THEATRE No. 1 (FIRST FLOOR, NEW GUY'S HOUSE)

Operations commencing at 10.00 a.m.

GENERAL ANAESTHETIC EXTRACTION ROOM (FIRST FLOOR, OUT-PATIENT DEPARTMENT)

Cases of Major Bridgework—Mr. A. R. F. Thompson.

There will be DEMONSTRATIONS AND DISPLAYS in all the Departments of the School.

Afternoon Session (2 p.m.—4 p.m.)

DENTAL LECTURE THEATRE

2.15 p.m. Lecture: Cases you have sent
—Professor R. A. Cawson.

There will be DEMONSTRATIONS AND DISPLAYS in all the Departments of the School.

TEA will be served in the Cafeteria, East Wing, Guy's House, at 3.30 p.m.

Programmes, giving full details, will be available at the Clinical Meeting.

NEWS IN BRIEF

Professor of Applied Pharmacology

Congratulations are due to Dr. Roy Spector on his recent appointment as Professor of Applied Pharmacology to Guy's Hospital Medical School.

Professor Spector qualified in 1956 at Leeds, where he completed his pre-registration appointments. He was then S.H.O. in pathology at Chase Farm, Enfield, and Resident Pathologist at Queen Charlotte's Hospital, London. His first post at Guy's was as Lecturer in Experimental Biology in the Paediatric Research Unit in 1961. He became senior lecturer in 1964 when he obtained his Ph.D. on the subject "*Brain metabolism in anoxic—ischaemic encephalopathy*". *In 1967* he became reader in Applied Pharmacology, and in 1968 head of the Pharmacology Department.

He has written about 60 publications mainly on metabolism, anoxia and the effects of drugs on the brain. Professor Spector says his hobby is learning to play the violin. We hope he has every success in his practice in the Pharmacology Department.

Surgeons Splash Out

Bed sores are a tiresome complication of being confined to bed. In the hope of preventing them in patients who are compelled to spend all their time in bed, Guy's Surgical Department has just acquired a water bed.

The water bed measures seven feet long by three-and-a-quarter feet wide; it consists of a vinyl mattress containing approximately one ton of water, surrounded by a wooden frame. The water is heated by a neat and safe thermostatically controlled electric heating element. The degree of firmness of the mattress is determined by the amount of water it contains and this can be adjusted to individual taste. The risk of the bed bursting is very small as the twenty gauge vinyl is extremely tough, as has been shown by the manufacturers, who were able to drive a car over it with no ill effects. In case of puncture the wooden frame is equipped with a vinyl liner, which would ensure that any leaking water would not escape on to the floor.

The benefit to the patient lying on the bed is that all parts of his body are supported equally and thus there are no pressure points at which bed sores can develop. The patient currently enjoying the luxury of this bed comments very favourably upon it and has not experienced any feelings of sea sickness; he also finds it considerably more comfortable than a ripple mattress.

The bed used is primarily designed for the domestic market, but although it compares very favourably with water beds specially designed for hospital use it is many times cheaper, its retail price being about £89. Thus if it saves but one patient from developing a bed sore it will have paid for itself.

The bed has been bought by the Department of Surgery at the instigation of Mr. Lawrie and Professor McColl.

Army Appointment

Mr. J. B. Blaikley has been appointed Consultant Emeritus in Obstetrics and Gynaecology to the Army from January, 1972.

Our congratulations, particularly as this is only the second time a Guy's man has been so honoured, the first being Sir Rowan Boland.

Induction Course

The Personnel Department at Guy's, under Mr. P. R. Kettley-Jackson, Group Personnel Officer, has started a one day induction course which takes the form of a series of lectures on the N.H.S., Guy's and the services and departments of the hospital. This is given at the moment to selected new employees.

It is hoped to extend this service to embrace the majority of staff; the view taken is that of the importance of the smallest cog in the large machine of Guy's.

GUY'S DIARY

FEBRUARY

14	M	1.00 Clinical Lecture. Dr. HARDWICK. "Myxoedema."
15	Tu	1.00 Clinical Lecture. Dr. MANN. "Anorexia."
17	Th	1.00 Clinical Lecture. Dr. KNIGHT. "Acute Respiratory Infection."
18	F	9.00 Immunology in Relation to Clinical Medicine. Professor COHEN. "Disorders of Antibody Production—Hypergammaglobulinaemia and Monoclonal Ig production." 1.00 Clinical Lecture. Dr. MACKENZIE. "Myasthenia Gravis." 2.15 Combined Round. Dr. KEEN will Chair a Symposium "Screening for Disease." Speakers include Dr. Wilson, Dr. MacKeith, Dr. Higgins, Dr. Jarrett, Dr. Anderson.
23	Tu	1.00 Clinical Lecture. Mr. BLACKBURN. "The Surgical Treatment of Peptic Ulcer."
25	F	9.00 Immunology in Relation to Clinical Medicine. Professor COHEN. "Merchanisms of Hypersensitivity." 1.00 Clinical Lecture. Dr. MACLEAN. "Pain in the Chest." 2.15 Combined Round. Dr. CICELY SAUNDERS will speak on "The Psycho-Social Aspects of Terminal Care."

THE NAVY IS OFFERING TWENTY-FIVE MEDICAL CADETSHIPS THIS YEAR. ONE COULD BE YOURS.

To be in the running, you must have your 2nd M.B. behind you.

After that, we'll want to be sure you are suited to be a medical officer in the Royal Navy.

For it's a unique way of life.

Serving with the Navy at sea, you'd have absolute responsibility for the health of all on board—and possibly in other ships as well. Alternatively, in Naval hospitals at home and abroad, you'd be caring for Service men and women—and their families.

Wherever you are, you'd be part of a team. Finding new interests—meeting new problems—seeing new faces. For as well as being a doctor you'd be a naval officer—with the travel, the satisfaction and the full rewarding life that every naval officer enjoys.

Of course all this happens after your registration. In the first place, to qualify for a medical cadetship, you must pass your second M.B., or equivalent. After that you must be selected, following a Board interview.

Then while still at medical school, you are just like any other student. Except that we pay your fees and give you a guaranteed salary of £1,814 a year in the rank of Surgeon Sub-Lieutenant.

When you qualify you can spend your pre-registration year either at your hospital or one of ours.

After which we promote you to Surgeon Lieutenant, your pay goes up to £3,395 a year and you begin your short-career commission with us for five years. When you leave us you'll take a lot of useful experience with you —together with a tax-free gratuity of at least £1,400.

As well as 2nd M.B. students, the Navy also enters qualified doctors for a 5-year short-career commission. (Applications should be made during or after pre-registration year.)

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The Aetiology and Early Diagnosis of Gastric Carcinoma

by

Ian Starke

Carcinoma of the stomach is a relatively common condition. It is found in about 0.24 per cent of the general population, and was the cause of 14,000 deaths in England and Wales in 1959. In the U.S.A. it is the third most common cause of death from malignant disease, after carcinoma of the lung, and carcinoma of the large and small bowel. The overall 5-year survival rate is between 5 per cent and 10 per cent.

A study of the aetiology of carcinoma of the stomach may be of help in two ways. Firstly it may allow the elimination of some predisposing factors in the community, and secondly it may demonstrate a group within the general population that is especially at risk, on whom screening procedures may be worthwhile.

Site of Origin of Malignant Ulcers.

While ulcers occurring on the lesser curve of the stomach are nearly always benign, 50 per cent of those in the antrum, and 50-70 per cent of those on the greater curve and fundus are malignant, (Diagram 1). The distribution of malignant ulcers within the stomach is predominantly in the prepyloric region, with only some 33 per cent in the body and fundus (Diagram 2). If this distribution is compared with the distribution of the acid and pepsinogen-secreting areas of the stomach (Diagram 3), it will be seen that two thirds of carcinomata arise in the area where mucus only is secreted.

It would appear from the study of Collins and Gall,[6] in 1952 that gastric carcinoma may arise in more than one site over a short period of time. They investigated 117 cases, and applied the following criteria of multicentric origin:

(1) Regional pleomorphism (45 cases),
(2) Multiple independent lesions (26 cases),
(3) A plaque of pre-invasive carcinoma-in-situ, abutting an invasive lesion (22 cases),
(4) Differing histology between the area of carcinoma-in-situ and the invasive lesion.

These criteria were fulfilled in 56 per cent of cases, and the findings suggest a generalised "instability" of the mucosa, due either to inherited or environmental influences, or a mixture of both.

Age, Sex, Social Class, Environment.

Carcinoma of the stomach is rare in the first three decades of life, with a peak incidence between the ages of 40 and 60. Over 80 per cent of cases occur in those aged more than 50, and men are more often affected than women in the ratio of two or three to one.

A comparison of the incidence of gastric carcinoma across three

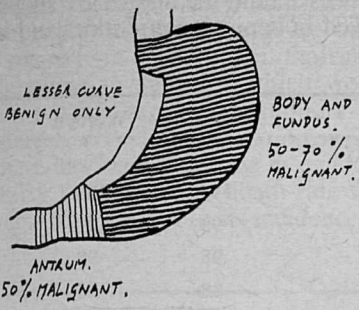

DIAGRAM 1

Proportion of all ulcers that are malignant.

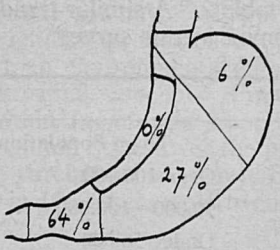

DIAGRAM 2

Distribution of malignant ulcers in the stomach in the general population.

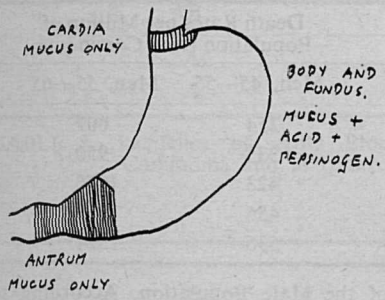

DIAGRAM 3

Area of acid and pepsinogen secretion.

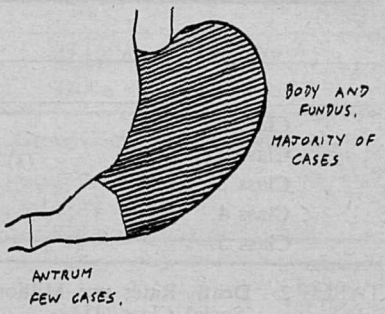

DIAGRAM 4

Distribution of malignancy in the stomachs of patients with pernicious anaemia.

social classes was made by Ashley in 1969,[8] who used a terminology including:

Class 10—Semi-skilled workers,
Class 11—Unskilled workers,
Class 15—Agricultural workers.

The positive correlation between decreasing social class and incidence of gastric carcinoma was 0.564 ($p=0.01$), semi-skilled worker being taken as the highest of the three classes.

In the same survey the incidence of carcinoma was positively correlated with increasing population density with $r.= 0.33$ ($p=0.05$) for men, but a positive correlation of only 0.118 was found for women, which was not statistically significant. Similarly a positive correlation was found in men with the level of atmospheric pollution, though not in women.

An earlier survey in 1944[11] showed a striking increase in the mortality-rate from cancer of the stomach with decreasing social class.

The more usual class-rating of 1—5 was used, and the figures are shown in table 2. A similar trend was observed in benign gastric ulcer and in women in this survey.

	Men	Women
Town Population		
Over 100,000	115	109
50,000—100,000	93	92
Under 50,000	98	98
Rural	88	93
All Towns	112.5	
Coal and Textile Towns	130.0	

TABLE 1. Standardised Mortality Ratios from Gastric Carcinoma (7, 8).

	Death Rates per Million of Population from Carcinoma.	
	Men, 45—55	Men, 55—65
Class 1	254	609
Class 2	335	950
Class 3	423	1076
Class 4	456	1257
Class 5	536	1324

TABLE 2. Death Rates per Million of the Male Population, According to Social Class (11).

Social class and population density are vague parameters that tell us little about what it is that creates a demonstrable correlation between them and an organic disease. However, the fact that the correlation is poorer for women than for men[8] suggests that the causative factor is one that operates more in the environment of men, for example, at work.

Ashley has also surveyed the mortality rate from gastric carcinoma in town and in country dwellers,[7] and has expressed his results as Standardised Mortality Ratios, (the mortality in the group studied, divided by the average mortality for all groups in the survey, multiplied by a hundred). This method does not give figures directly comparable to figures for incidence, but nevertheless it was clear that town dwellers were more severely and/or more frequently affected by Gastric Carcinoma than country dwellers (Table 1.)

One suggested mode of action for these environmental influences has been that particles of dust are inhaled from the polluted atmosphere, are coughed up, and then are swallowed to affect the gastric mucosa.

Environmental influences have also been held to account for the variations in incidence of gastric carcinoma between countries and within countries. For example, the incidence is ten times higher in

Japan than in the United States,[23] a fact that could equally well be explained on genetic or on environmental grounds. However, Japanese in the United States have a much lower incidence than Japanese in Japan,[17] which would support an environmental effect. Two other facts also support the environmental concept. Firstly, there is a regional variation in incidence within Japan, and secondly, there has been a decline in incidence in the United States over the past thirty years.[17] The death-rate from gastric carcinoma is, regrettably, very nearly equal to its incidence, and while in 1930 there were twenty-

Blood Group	Carcinoma	Control
O	45%	
A	45%	39.7%
B	3%	
AB	7%	
A	42.1%	39.7%
A	53.1%	45.1%

TABLE 3. Incidence of ABO Blood Groups in Patients with Gastric Carcinoma and in Controls (5).

Population	Polyp	Carcinoma	Carcinoma X Expected for Gen. Population
General Population	0.003%	0.244%	
Achlorhydria and Hypochlorhydria	2.4%	1.1%	4.5 X
Pernicious Anaemia	7.8%	5.2%	21.9 X

TABLE 4. Incidence of Benign and Malignant Neoplasia in Patients with Achlorhydria and P.A. (1,4).

nine deaths per 100,000 of the population from this cause, in 1966 there were only ten deaths per 100,000,[23] indicating a fall in incidence rather than an improving prognosis.

Finally, it has been found that if the mortality rates from gastric carcinoma in different areas of England and Wales are expressed as Standardised Mortality Ratios there is a marked regional variation, the North and West having a much higher ratio than the South and East.[3] (Table 5.) These figures have been explained on various grounds, including the hypotheses of an increased level of background radioactivity in the rocks of the North and West, or variations in the supply of various trace elements including cobalt, but little firm evidence has emerged.

	North & West	South & East	Correlation
Gastric Carcinoma	142	80	
			+0.846 (p less than 0.001)
Pernicious Anaemia	164	56	

TABLE 5. Standardised Mortality Ratios for Gastric Carcinoma and Pernicious Anaemia in North and West and in South and East England (3).

Social Habits, Diet, and Geography.

The frequency of gastric carcinoma is high in Japan, China and Scandinavia, intermediate in Great Britain, Canada and the United States, and low in Java where the incidence of mucosal atrophy and mucous metaplasia is also low.[5] Dietary factors have frequently been cited to explain these differences.

It is often stated that excessive smoking and drinking predispose to the development of carcinoma of the stomach. However, there is no good evidence for the influence of tobacco, and alcohol is believed to play a part only in so far as it predisposes to a chronic atrophic gastritis, which in turn predisposes to malignancy.

As regards diet, carcinoma of the stomach has been shown in studies carried out in Iceland to be much more common in the North of the island than in the South.[22] It has also been shown that the home-smoked fish and meat which form a large part of the diet of Northern Icelanders contain higher concentrations of known carcinogens than commercially-smoked meat. In particular, 3,-4, Benzopyrene is found at twenty times the concentration in home-smoked as in commercially-smoked meat. This is well correlated with the death-rate from gastric carcinoma in men aged 35 to 54, which accounts for 25 per cent of all deaths in farmers, who eat mainly home-cured meat, and 8.4 per cent of deaths in white-collar workers, who eat mainly commercially prepared meat. The fall in gastric cancer mortality in Iceland since 1950 is explained on the basis of a shift towards more commercial foods and less home preparation.

The opposite point of view is put by Acheson and Doll.[19] They compared 100 cases of gastric carcinoma with 200 controls (matched for age and sex) by means of a questionnaire which included the types of food and drink preferred, the time spent over meals, and the metal from which cooking utensils were made. The only statistically significant correlations that emerged were that patients with carcinoma ate *less* fried food and ate and drank food, coffee and tea at a *lower* temperature than controls.

Family and Benign Ulcers.

It is widely held that the relatives of patients with gastric carcinoma have two to three times the chance of developing a carcinoma themselves as do non-relatives. Somers in 1958,[5] found that 8 per cent of his cases of carcinoma had a positive family history of the condition. Since the incidence in the general population is about 0.25 per cent, 4 x 8=32 relatives would need to be studied in each of one hundred families before eight cases were found by chance in the 3,200 people concerned (since 8/3,200=0.25 per cent). In addition, 29 per cent of all carcinomata in relatives were of the stomach, whereas in the general population of Great Britain 22 per cent of all cancers are of the stomach[31] Achlorhydria was found twice as often in the relatives of gastric cancer patients as in the relatives of controls.

The proposition that benign gastric ulcer predisposed to the development of malignancy was originally made on the basis of the higher relative incidence of both in Japan than in the U.S.A., the higher incidence of both in men, and the higher incidence of both with decreasing social class.[9] However, it has been found that if those cases presenting with a benign ulcer and developing carcinoma within two years of presentation are excluded (that is, those in whom the initial diagnosis may have been wrong) then the incidence of malignancy in ten to twenty-five year follow-up is the same in those with benign ulcers as it is in controls.[12] It has also been found that while the incidence of gastric carcinoma has declined in the U.S.A. over the last thirty to forty years, the incidence of benign ulceration has remained roughly constant.[23]

Blood-Group Antigens and Anti-Parietal Antibodies.

ABH blood-group substances are determined by group-specific carbohydrate molecules which form part of the glycoprotein and glycolipid macromolecules in red cell membranes.[10] Blood-group substances have been found by immunofluorescence techniques in the superficial epithelium of all regions of the stomach in a water-soluble form, and in the parietal cells in an alcohol-soluble form.[20] The substances are not found in the chief cells.

The presence of one "Secretor" gene (Se, an independently inherited autosomal dominant) results in the presence of free ABH substance in the salivary secretions, and in the presence of water-soluble Group A substance in the superficial epithelium of the stomach in Group A individuals. The individual of Group A who possesses two "Non-secretor" genes (homozygous recessive, se-se), will not have free ABH substance in the salivary secretions, but will have water-soluble Lewis-a substance in the superficial gastric epithelium. (Lewis-a substance is a carbohydrate of similar structure to the ABH carbohydrates but it differs in antigenic specificity.) In both Secretors and Non-secretors alcohol-soluble Group A substance is found in the parietal cells of Group A individuals.

An increased incidence of blood-group A of 1.23: 1.00 occurs in patients with gastric carcinoma, and the figures of Somers[5] are shown in Table 3. An increased incidence of blood-group A is also

found among patients with pernicious anaemia, and there may be an association between the homozygous "Non-secretor" state and both gastric carcinoma and pernicious anaemia.[21]

It is of interest that in one of the patients of Glynn *et al*,[20] with gastric carcinoma the malignant cells stained strongly positive for the alcohol-soluble type of Group A substance normally found in parietal cells. It is well established that anti-parietal cell antibodies are found in atrophic gastritis and pernicious anaemia, both of these conditions being associated with the development of a carcinoma, and the finding of malignant parietal cells in the stomach would be important in this connection.

It is possible that the Group A antigen on the parietal cell membrane influences in some way the action of anti-parietal cell antibodies as regards their potential for inducing malignancy. An alternative explanation is that the secretion of Group A substance exerts a physical protective effect on the gastric mucosa. This is improbable in view of the finding that the total amount of blood-group substance present is the same in both "Secretors" and "Non-secretors", differing only in specificity (Group A or Lewis-a)[21] and that the amount present is also normal in pernicious anaemia.[29]

Adenoma, Atrophy, And Other Benign Changes.

Gastric adenomata are single or multiple benign polyps of the mucosa. Cromer *et al*, in 1949,[26] found that in a series of stomachs with adenomata 40 per cent had co-existing carcinoma either within the polyp or outside it. It has also been shown that 10—20 per cent of adenomata have focal malignant change within the benign lesion.

Adenomatous polyps are associated not only with malignant change, but also with achlorhydria, which occurs with 65 per cent greater frequency in patients with adenomata than in the general population.[26]

Somers in 1958,[5] surveyed 168 cases of gastric carcinoma. He found the following changes in the non-malignant parts of the stomach:

(1) Intestinal Metaplasia and cystic adenomatous hyperplastic foci—24 per cent.
(2) Papillary and adenomatous overgrowth of the gland neck—21 per cent.
(3) Both (1) and (2)—21 per cent.
(4) Pedunculated polyps with hyperplasia or metaplasia—7 per cent.

(Intestinal Metaplasia is the term given to the occurrence of deep glands with goblet cells showing enlarged nuclei and more cytoplasm than normal.)

The above findings are all consistent with the hypothesis of a generally unstable gastric mucosa in individuals developing gastric carcinoma, and the co-existence of achlorhydria in many cases may be either the cause or an effect of this instability.

It is widely accepted that intestinal Metaplasia predisposes to the development of carcinoma. The evidence may be summarised as follows: —[28]

(1) In Indonesia there is a low incidence of gastric carcinoma among Indonesians, but a high incidence among Chinese who also have a high incidence of Metaplasia.
(2) The transition between metaplastic areas and the carcinomatous area can often be found in early malignant disease.
(3) Both intestinal Metaplasia and carcinoma affect most severely the lesser curve and antrum of the stomach.
(4) Gastric polyps composed of intestinal epithelium arise often from areas of intestinal Metaplasia.
(5) Aminopeptidase activity is found at a high level in metaplastic cells and in malignant cells, but is not found in normal cells from gastric mucosa.

It is also generally held that the distribution of intestinal Metaplasia is mainly the areas of the stomach subjected to recurrent acute gastritis. Recurrent acute gastritis is thought to cause chronic gastritis which includes the changes of intestinal Metaplasia, mucosal atrophy, and achlorhydria, and therefore gastric mucosal atrophy and achlorhydria have been thought to be themselves "pre-malignant" conditions. However, the situation is not as simple as this.

The distinction between gastric atrophy and achlorhydria has been pointed out by Hitchcock,[4] who found that 4.5 per cent of patients with achlorhydria have a histologically normal gastric mucosa in the body and antrum. Similarly, Hebbel[25] found that out of 110 achlorhydric stomachs, 105 (95.5 per cent) had some degree of localised or diffuse atrophy. Of 17 hypochlorhydric stomachs 12 had some degree of atrophy (70.6 per cent) and of 46 normochlorhydric stomachs, 24 had some degree of atrophy (52.2 per cent). All the stomachs concerned contained a carcinoma, and the criterion of atrophy used was an absence of parietal cells. The conclusion must be drawn that a proportion of carcinomatous stomachs have a purely functional type of achlorhydria with histologically normal parietal cells, and that carcinomata may arise with normal acidity and a normal mucosa. Once again these findings do not tell us whether atrophy predisposes to malignancy or the other way round.

That a carcinoma may cause achlorhydria is suggested by the findings or Cromer *et al.*[26] They found that 18 per cent of patients with carcinomata of less than three centimetres diameter had achlorhydria, while 51 per cent of all resectable cases and 90 per cent with lesions of more than seven centimetres diameter had achlorhydria.

On the other hand carcinoma of the stomach is certainly not the only factor giving rise to achlorhydria. Hebbel[25] found the incidence of gastric atrophy in the general population over the age of fifty to be 33 per cent. The distribution of atrophic lesions in the stomach is the same regardless of the presence or absence of a carcinoma,[25] and it has been reported that the survival of patients with gastric carcinoma decreases as the gastric acidity is reduced.[27] It may be that potentially malignant or frankly malignant cells secrete a substance which causes achlorhydria or metaplasia of the remaining normal mucosa, with correspondingly greater effect the more aggressive the carcinoma. The presence of anti-parietal cell antibodies in 60 per cent of cases of

atrophic gastritis has been mentioned earlier, and these may be produced by malignant or pre-malignant cells, or may arise from some other cause.

Pernicious Anaemia.

The well-documented association between Pernicious Anaemia (P.A.), and gastric carcinoma has only become apparent since adequate treatment of individuals with P.A. has allowed them to live a normal life-span.[2] It is found that carcinoma arises in 12.3 per cent of cases of P.A. and in only 4 per cent of the general population of the same age. Although treatment with liver (B_{12}) has been found to return the microscopic (gastroscopic) appearances from atrophy to normal,[29] the histological changes in the stomach are unaltered and are as follows[1]: —

(1) Severe or moderate mucosal atrophy,
(2) Loss of chief cells,
(3) Loss of parietal cells in general, although a few cases have a "functional" achlorhydria with apparently normal parietal cells
(4) Intestinal Metaplasia.

The changes can be seen to be atrophic changes typical also of achlorhydria, and Schilling testing of achlorhydric patients shows that 5 per cent have pre-clinical P.A.[4] It may be expected that if achlorhydria predisposes to carcinoma, then P.A. will do so also.

It has been shown by Hitchcock,[4] that the predisposition is in fact greater in those with P.A. than in those with achlorhydria or hypochlorhydria alone. The same situation applies to benign neoplasms, and the figures of Hitchcock and of Molofsky and Hollander,[1] are given in Table 4. One may conclude that there is an additional factor operating in P.A., more potent than those operating in achlorhydria.

It has been mentioned that 60 per cent of patients with atrophic gastritis have anti-parietal cell antibodies. It is found that 80 per cent or more of patients with P.A. have not only anti-parietal cell antibodies but anti-intrinsic factor antibodies as well. Quite how anti-intrinsic factor antibodies might affect parietal cells to produce carcinomata is not clear, but their influence has not been disproved and may well be of importance.

The atrophic changes in the stomachs of those with P.A. occur only in the fundus and body, and not in the pre-pyloric region.[1] It is interesting and important to note that the body and fundus are also: —

(1) The acid-producing areas of the stomach, (Diagram 3.)
(2) The areas in which the majority of carcinomata arising in those with P.A. are found, (Diagram 4.) contrary to the general situation where two thirds of carcinomata arise in the pre-pyloric region. (Diagram 2.)

An additional piece of circumstantial evidence for the association of carcinoma with P.A. comes from the geographical distribution of Standardised Mortality Ratios for both conditions in the study cited earlier.[3] The same gradient between North and West, and South and

East is found both in carcinoma and in P.A., but it is much more marked in the latter. The figures are given in Table 5. Carcinoma occurs in only 5.2 per cent of cases of P.A.,[4] and therefore deaths in P.A. patients due to gastric carcinoma will not contribute significantly to the correlation quoted.

Discussion of the Problem of Early Diagnosis

In conclusion I will return to my introductory remarks about prevention being the aim of a study of aetiology. Although improved environmental conditions in industry may result in a marginal decrease in the incidence of gastric carcinoma, the chief hope lies in a screening programme to detect patients with achlorhydria or pernicious anaemia as outlined by Hitchcock.[4] Such cases might then be followed up with Barium meal studies (e.g. at six-monthly intervals), with exfoliative cytology, or gastroscope or gastrocamera surveys. It is important to discuss briefly the relative accuracy in diagnosis of these various methods. From Hitchcock's own results, if all patients over 50 with pernicious anaemia or achlorhydria were screened only 5.2 per cent or 1.1 per cent respectively of positive results would be obtained.

The diagnosis of an ulcerated lesion in the stomach as being benign or malignant by radiological methods has been shown to be only moderately accurate. A retrospective study by Cantrell[13] showed that of 299 patients with carcinomata 54 per cent were correctly diagnosed radiologically on the initial investigation. A prospective survey by the same worker on a number of patients with benign or malignant disease gave a correct diagnosis in 66 per cent on the initial Barium study, and a further 12 per cent on repeat investigation.

The Gastrocamera is an instrument developed in Japan after about 1956.[14] It consists of a short focal length lens, a small electronic flash-bulb, and 32 exposures of 5 mm. film. The instrument is passed into the stomach, which is distended with air, and its position is assessed by observation of the flash, since direct vision is not used. The head of the camera can be rotated 360 degrees, and angled 35 degrees each way. In Japan the technique has been used as a screening method on symptomless patients, and cases of carcinoma have been found at a rate of 1 in 222 and 1 in 750.[15]

However, experience in this country has shown that although the site of the lesion may be described with accuracy its exact nature may not be apparent.[13] Furthermore the lesion may be missed entirely if the technique is anything less than excellent.[14] The proportion of correct diagnoses varies from 58 per cent to 78 per cent,[15] though a value of 93 per cent has been reported.[16] Gastroscopy under direct vision gives an accuracy of 58 per cent according to Blendis,[15] but more recently a survey by Cotton and Rosenburg[30] of 231 patients showed 53 cases of carcinoma of which 85 per cent were found by endoscopy.

The most hopeful method of diagnosis to date has been that of gastric exfoliative cytology. It would appear that the very good results reported by the Japanese using the gastrocamera depend upon the biopsy or collection of gastric washings that is combined with the

photographic procedure.[13] Accuracy of diagnosis with the combined method is reported as being between 90 per cent and 96.5 per cent. Similarly Cotton and Rosenburg[30] detected 98.5 per cent of their cases of carcinoma when they combined biopsy with endoscopy.

In Cantell's prospective survey[13] he found a 94.5 per cent accuracy with cytology, but excluded those cases in which adequate samples of washings could not be obtained. Generally this latter situation occurred with neoplasms in the pre-pyloric region. Simple saline lavage through a nasogastric tube is used, and the cells are stained by Papanicolaou's method as in routine gynaecology.

Summary.

The factors predisposing to the development of Gastric Carcinoma may be divided into a group of hereditary influences, including a family history of the disease, blood groups and sex, and a group of environmental influences. The environmental group may be subdivided into those external and those internal to the individual. The external group includes such items as geographical area, social class, atmospheric pollution and diet.

The group of internal environmental factors (atrophic gastritis, benign neoplasia, and pernicious anaemia), is the group that has shown the clearest association with gastric carcinoma. The conditions in this group are themselves influenced by the factors in the first two groups.

It is probable therefore that the internal environmental factors are a step nearer to the initiating cause of carcinoma than the other factors. It is an unresolved argument whether, within this group P.A. causes atrophic gastritis or whether gastric atrophy causes P.A., but it is accepted that the two conditions occur together. It is reasonable to suppose that the intestinal metaplasia of gastric atrophy may then go on to benign neoplasia, or carcinoma-in-situ, and thence to frank carcinoma. However, there is no direct evidence to implicate either intestinal Metaplasia or achlorhydria as a cause of carcinoma, and there is some circumstantial evidence which suggests that the association may be the result of the presence of a carcinoma initiating the other changes. If the latter is true, then one is left with only vaguely defined aetiological factors, while P.A. and achlorhydria remain only as useful pointers to diagnosis.

If it is true that the atrophic changes do predispose to malignancy then the immediate causative factor in the production of malignancy may be one of two possible alternatives: either the increase in number and activity of mucous cells, in intestinal Metaplasia, or the unusually high pH of the stomach in hypochlorhydia. Since the pH affects the whole stomach, and the metaplastic and atrophic changes affect the fundus and body only, and since two thirds of carcinomata arising in P.A. arise in the fundus and body, it is possible that it is the changes in the mucous cells that are responsible. However, the influence of pH cannot be ruled out, since in the normal stomach two thirds of carcinomata occur in the antrum, which has a higher pH than the remainder of the stomach.

Clearly much remains to be discovered about the exact aetiology of gastric carcinoma, as with cancers in general, but it is only by close study of possible aetiological factors that we begin to understand the background to this lethal disease.

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NURSING SECTION

The Students' Dilemma

One of the most common complaints made about hospitals by the public is that they are used by the medical profession for the purpose of teaching. These woeful cries are to be heard recurring with fairly monotonous regularity, and are voiced usually by the self-appointed organisation for protecting the patients. The individual members of the public it seems are not unduly concerned by this method of teaching.

It is interesting though to note, that despite the condemnation of these practices, nobody as yet has presented an acceptable alternative which ensures both adequate teaching and maintenance of the high standard of medical care in this country. Doubtless there would be as many complaints if this last were allowed to decline.

However, in view of all these criticisms one very strange anomaly emerges. No one has yet, it seems, complained about the fact that trainee nurses are allowed to use the patients for learning purposes.

As is well known, the student nurses spend the whole of their training period practising on the patients. Not only is this accepted by the public, but they appear to welcome the system.

One can only wonder why this curious attitude exists. On the one hand there are delegations lobbying their Members of Parliament to protest about future doctors using them as guinea pigs, whilst on the other patients argue with each other as to who shall be the one to obtain the privilege of having a nurse practise taking blood pressures on their arm.

Nurses of course are fortunate in having the sympathy of the public. The image is still that of Angels in White Caps; but the fact remains that they learn their skills on real, and for the most part, live patients!

How many nurses can remember the day they performed their first enema on some poor unsuspecting patient? In how many cases did the efforts result in that same student wading out of the ward in order to collect a mop and bucket preparatory to clearing the flood? Moreover in how many cases did the patient merely express sympathy instead of complaining loudly?

Could it be that the public realise the result of complaint? Namely no learners means no nurses and therefore no medical care.

In fact, of course, one student nurse is potentially far more dangerous than twenty medical students. She is responsible for the care and administration of treatments which the trainee doctor is not. She is also left in charge of wards whilst in training.

Despite all this it seems that the Consultant, with his group of students is anathema whilst the Sister Tutor with her group of students is not only welcomed but is usually afforded the utmost cooperation.

It is said that God moves in a mysterious way, but it would appear that mankind does so to an even greater degree. However, whilst the

situation remains unchanged, the student nurse is afforded an excellent learning situation in this respect. It is unfortunate that medical students are not regarded in the same way, for if they are prevented from learning in the clinical situation, the medical and ultimately the nursing standards in this country will decline.

NOTICES

PHOTOGRAPHIC SOCIETY EXHIBITION

There will be a Photographic Exhibition from 1st April—14th April.

Big cash prizes for groups of photos, singles, black and white, and tranparancies.

Entries in by 20th March, 1972.

All welcome to enter.

More information from C. B. Howard, East Wing.

CONCERT

GUY'S HOSPITAL MUSIC SOCIETY

ST. THOMAS' HOSPITAL MUSIC SOCIETY

ELGAR THE DREAM OF GERONTIUS

Margaret Cable .....Mezzo-soprano

Kenneth Bowen .....Tenor

Michael Rippon .....Bass

John Steer .....Conductor

WESTMINSTER CATHEDRAL 10th MARCH, 1972, 8 p.m.

Admission by programme: 30p, 55p, 80p.

Apply:

Ticket Secretary, Music Society,
East Wing, Guy's Hospital, S.E.1.

Music Secretary or Public Relations Officer,
St. Thomas' Hospital, S.E.1, or at door.

CORRESPONDENCE

THE D.E.S. DOCUMENT

SIR,—The National papers have recently had many articles and comments about the misappropriation of Student funds, with particular reference to Sussex and Southampton Universities. This has since come to a head with the Government's D.E.S. Consultative document on Student Unions.

Most authorities within Universities accept the defects in the present system, which are set out in the document, but yet disagree with the Government's proposals of change.

That is to say that they consider that a greater control, of what is ultimately public money, is necessary, but at the same time still feel that truly representative student bodies should have full control over their funds, the only proviso being that stricter control over direction of funds should be maintained, either by the University Grants Committee or by a "Registrar General".

In Guy's, compulsory student donations via the Local Education Authorities are given to the Clubs' Union Council, a body made up of twenty-seven members, fourteen of whom are students. This council has full control over the direction of student funds within the Hospital to Clubs and Societies.

If all fourteen students on that council were elected by the student body (not to mention the thirteen members of staff) then one could say that the way in which the council directed money given to it, was reasonable and democratic.

But in fact this is not the case. Except for three of those fourteen students, who are nominated from the elected Students Club, the others are non-representative (i.e. unelected) students from the clubs and societies.

The only conclusion I can draw is that within the system there is a possibility of misdirection of student funds by an unrepresentative body.

Yours faithfully,

T. J. GOULDER

East Wing,
Guy's Hospital, S.E.1.

SEX DIFFERENCES

SIR,—Russell and Russell in their illuminating study "The Life Span of Men and Women" (*Gazette*—15-1-72) state "it was generally assumed that women are inherently fitter, and therefore longer-lived, than men". Apart from lower basal metabolic rate and steadier blood pressure of women I suggest that there may be another physical and psychological factor which "may enable women to stand up better to the long journey of human life".

A majority of men at work, whether in office, machine minding or machine operating, tend to take very limited regular physical exercise. After retirement regular male physical exercise is often further reduced and life may consist largely of long periods of boredom.

However, a majority of women still engage in long periods of housework involving regular, but not excessively stressful, physical exercise. This regime is maintained throughout most of the life of a majority of women and most women are not bored by housework.

I suggest that when housework is completely automated, escalators installed in all houses and shopping done by conveyor belt the life expectancy of men and women in highly industrialised societies will come closer together.

Yours faithfully,

HENRY RICHARDS

Sandle Manor,
Fordingbridge,
Hants.

Part-time Staff

SIR,—Miss Whyte in her letter (15th January) gave the impression that even the great ivory towers of the London teaching hospitals have at last begun to feel the cold breezes of nursing staff shortages that have plagued the district hospitals for such a long time. It is refreshing to find that at least one member of the senior nursing staff realises the immense potential which part-timers can offer.

Alas though, her references to the "special arrangements" for children and husbands may miss half the point. By the time babies have become "children" many of the S.R.N. mothers may feel so out of touch that it would be difficult for them to start again, especially in responsible teaching or nursing posts. Their options are thereby closed and they turn to other spheres of activity.

If this situation is to be avoided crèches must be established and the trained staff tempted back at an earlier stage. It is interesting to see that where the need is greatest these have been a going concern for many years. There must be a large number of Guy's trained nurses who would prefer to work in their Alma Mater.

The other difficulty that is often raised by the senior nursing staff is the number of hours worked. Some part-timers may well wish to work only two or three half-days a week and this must be accepted if progress is to be made. I am sure that Miss Whyte would prefer some teaching to no teaching—which latter may well happen even in major hospitals if present trends are ignored.

We look forward to crèche facilities and hope that Guy's could cope with the numerous applications that would undoubtedly follow.

Yours sincerely,

WENDY SCHWEITZER

6 The Plantation,
Morden Road,
London, S.E.3.

The Class of '70

SIR,—In recent months there has been an increasing amount of criticism levelled towards the experimental scheme of nursing training which started at Guy's in September 1970. This scheme involves a revised pattern of training for state registration in which the nurse takes her state finals after two years and is registered after a further year's practical experience and training in ward management. During the first two years, theoretical and practical training are related by means of study weeks and days arranged at relevant intervals. This eliminates the need for the long and frequently boring six-week study blocks now in existence, and enables the nurse to study in theory the cases she is nursing on the wards, while gaining the usual practical experience.

This two plus one year training must be clearly differentiated from university and post-graduate courses taking place at various other hospitals.

Obviously the success of this scheme cannot be assessed let alone criticised until at least one set of nurses have completed the training. A lot of hard work was involved in planning this course which was initiated and is under the guidance of the General Nursing Council, who are anxious to find a more satisfactory system of training than the one already in existence.

Your sincerely,

J. E. GAMBLIN

Set representative 1970 experimental scheme.

Snowflake Ball

SIR,—The Students' Club Council would like to thank Wayne Moran and Theresa Thomas for making so much effort to organise and arrange a most successful Snowflake Ball.

Also many thanks to the other helpers who arranged the lighting, decorating and groups, in particular thanks to Jemmie Leithead and Miss Redsull and their band of faithful helpers for arranging the catering.

Yours faithfully,

LYNNE HAMPSON
Student President

East Wing,
Guy's Hospital.

Oh, Oh, Oh, What a Lovely Bore

SIR,—Poor young Mr. Farrell seems to have got himself into rather a lather about my review of the 1971 Christmas Show. It is really very kind and generous of him to offer to hector me "on behalf of those who watched the Show". Producers and actors seldom have the opportunity to watch their own Shows, and are *never* representative of those who do so.

I wonder if he actually read the review before apoplexy got the better of him? It was generally agreed to have been fair and generous (at least by those without any personal axes to grind). It is generous of him, too, to confirm my few criticisms: ten of the nineteen sketches were wholly unoriginal; and the "original" material was generally such derivative pastiche as to be hardly distinguishable. The Seaside Concert Party Singalongs can hardly be dignified by the term "audience participation"—more like "Theatre of Embarrassment", really. If Mr. Farrell really feels that "Bye, Bye, Blackbird", at its nth rendition is the epitome of current musical popularity, I have news for him. Is Guy's really ready for something so avant garde?

Mr. Farrell also attempts some cheap gibes at the Residents' Play, and this ill becomes him. The Play is a unique art form that arose in the days of his great-grandfather, and caters for a wholly different and wider audience than the Christmas Show.

One can understand, but not commend Mr. Farrell's pique at not having his name mentioned in the Review. One learns, in time, to be brave about such things. Despite his graciously offered help to our Proof-Readers, I am reliably informed that Dr. Reinhold seems to have no immediate plans to change the spelling of his name.

Most producers of Guy's plays and shows have appreciated the compliment of a professional, experienced and critical review. Few have protested at not receiving the compulsively adulatory review that Junior School producers can rely upon.

However, I have no wish to play an Alexander Walker to his Ken Russell —Mr. Russell has so much self-control!

Yours sincerely,

MICHAEL A. SIMPSON

Dept. of Psychological Medicine,
Guy's Hospital.

SPORT

RUGBY

GUY'S v. MET POLICE

Lost 23—12

The mood of despondency which descended after the game against Streatham-Croydon still lingered before the match. Not surprisingly there were several changes in the side, notably the inclusion of Cooke and Jones in the centre, the former making his debut for the 1st XV.

The captain Croft after berating the team repeatedly during the preceding week, instilled a sense of urgency into the players. There is little doubt that the resulting performance showed a marked improvement.

The police have a very tough, rough and seasoned side. Their record was sufficiently impressive to suggest that Guy's might lose by another wide margin.

In the first half Guy's allowed their opponents to amass 20 points. Most of these scores followed well schemed and adventurous moves. As the game progressed the Guy's players gained confidence. Faintly surprised that the police team contained no supermen Guy's pursued the game with increasing vigour.

The forwards rucked well and both Burt and Rigg were prominent in this phase of play. Every member of the backs tackled with determination and Jones gave the sort of rugged display which heartened an embattled pack. Danford kicked a penalty before the interval bringing the score to 20—3.

In the second half the police scored only three more points while Guy's kicked three penalties (another by Danford and two by Owen).

Throughout this half of the match the police were hard-pressed. Guy's forwards sustained pressure and were not intimidated by frankly suspect play (not very frequently anyway). Stuart made his presence felt in the set pieces and in the loose made some impressive ground.

Although quite a lot of possession was achieved by Guy's much of it was untidy and only occasionally did the backs move in a dangerous fashion. Despite this the overall performance was of a high standard and guaranteed to elevate the mood and enthusiasm of the side during the next few games.

Team: M. Danford, P. Board, R. Barough, A. Cooke, T. Owen, D. Jones, C. Croft, T. Gibson, D. Stuart, T. Want, R. Burt, S. Challacombe, H. Holliday, N. Allen, K. Rigg.

T.G.

GUY'S v. ESHER

Won 10—3

Confidence restored after the game with the Metropolitan Police, the team entered this match with high hopes. Esher are not in any respect an outstanding side but they can play good football and were certainly not underestimated on this occasion.

It was a fine afternoon and conditions were ideal for running. A high scoring rate seemed likely but it was not to be.

From the beginning Guy's clearly had the advantage in skill. Esher were pushed out of their stride by the blustering rushes of the Guy's pack. Their threequarters were given no room to manoeuvre and possession frequently implied giving ground. This harassment was due largely to the efforts of the Guy's back row.

The Guy's forwards as a whole played well even to the extent of snatching more than an equal share of the ball. The rucks were unusually effective and another phenomenon was the frequency with which the forwards ran with the ball.

Burt, allegedly making his last appearance for Guy's played an outstandingy good game, particularly in the loose where he used his weight to advantage. His services to the club on and off the field will be missed.

Halliday and Rigg also excelled in the run of play, the former successfully smuggling the ball out of mauls and setting up movements on several occasions.

Despite Guy's obvious superiority scores were elusive. At half-time neither side had collected any points! The backs did more attacking than for a long time but decisive breaks were not forthcoming. Both wings were well supplied with passes but Board frequently found difficulty in holding the ball. Barough ran hard and, as always, with determination. He scored what appeared to be a good try but the referee thought otherwise.

The only accepted try of the afternoon followed a good movement and Jones forcing himself over the line. The score was completed when Danford kicked another penalty goal and Esher replied with the same.

In the closing minutes of the game Esher to their credit embarked upon a series of fierce sorties but the Guy's players covered well and although there were moments of frenetic anxiety the defence held.

Team: M. Danford, P. Board, R. Barough, A. Cooke, T. Owen, D. Jones, C. Croft, T. Gibson, D. Stuart, T. Want, R. Burt, S. Challacombe, H. Holliday, N. Allen, K. Rigg.

T.G.

GUY'S A XV v. ROSSLYN PARK STAGS

Won 19—9

The return of an unchanged "A" XV side to the familar surroundings of H.O.P. was a welcome event, not only to the side but also to the four supporters who crammed the touchline.

Despite the particularly ignominious defeat at the hands of the Irish Wild Geese the week before (22—16), hopes for a victory were high.

Captain Dave Merrett, to whom the side owe much this season, won the toss and elected to play up the slope—a wise choice as was proved later.

The opening half was far from distinguished as much of the time was spent in frantic defence of our line. Good tackling by centres Jones and Cook, the latter a welcome addition from the 60 Club, and sound defensive kicking by Merrett meant that the only Park score was a 30-yard penality.

Fitton following up a high kick met with more than his match when colliding with his speedy sixteen-stone opposite, and left the field after 10 minutes of play.

At half-time Fallowfield was brought back from substitute full-back position to lead the pack and Fitzgerald-Fraser moved back. A quick score was needed and it was veteran Howett who plunged over from loose play for an unconverted try soon after the restart.

The 7-man pack which had played so well found fresh reserves of energy to hound the now demoralised Park, and their loose play allowed the speedy Guy's threes room to gain ground.

Rigg, fresh from his recent international tour, and Mike Portelly both went over for tries, the latter showing his especialy fine side-step technique. McLauchlan, who played a fine game, converted one try and kicked a 40-yard penalty to finish the scoring.

A consolation try was scored by the Park just before time but the last glimpse of the game before darkness finally descended showed Guy's well in command.

Team: R. Fitton, J. Shutes, A. Cook, D. Jones, A. Portelly, C. McLaughlan, D. Merrett, M. Portelly, C. Howett, G. Marcus, K. Rigg, M. Gilhooly, J. Fitzgerald-Fraser, A. Fallowfield, P. Reece-Beck.

T.G.

GUY'S v. TAUNTON

Won 13—6

Morning games have a lacklustre reputation. On this occasion it was the visitors who slumbered here. From the whistle Guy's set a lively pace, the forwards providing most of the sparkle. Apart from some indecisive catching they began with a flourish that unsettled the burlier Taunton pack. They were usually first to the ball and although the rucking lacked cohesion it was sufficiently determined to provide Croft with ample possession.

Guy's did not always use the ball to effect. The backs rarely broke into full stride and in the first half there were several occasions when good scoring positions were wasted.

As the game progressed however, play became more adventurous and with Taunton appearing increasingly inept it seemed only a matter of time before Guy's were rewarded. In fact only one try was scored and it was a pity that Guy's could not exploit their superiority by adding more.

The forward play was generally sound. Possession was equally shared from the scrums but poor tunnelling of the ball quite often resulted in erratic possession for Guy's. The lines-out were less impressive than in recent games but the frequent use of four or two-man formations was a useful tactic that added to Taunton's problems. All the back row forwards played well and Allan rediscovered his flair for attacking football. He scored Guy's only try after crashing through several defenders with impressive speed.

The backs defended with some exemplary tackling and none more so than Portelly, playing in his first game for the first fifteen. Cook, looking more at ease at outside-half than centre, gave his opposition little room to manoeuvre and was successful in disrupting several Taunton moves.

The remainder of Guy's points came from penalty kicks by Danford. Two of these were from difficult positions and were of particular significance in that with his fine game at Plymouth they reflected Danford's return to form. Taunton's only score came from a penalty but a rally in the closing moments of the game nearly resulted in a try for them and for Guy's a fervent desire that the points margin had been wider.

This was an encouraging result in the week which saw the first round of the United Hospitals Cup competition. Guy's, the holders, stand a good chance of retaining the trophy but fortunately none of the club has any illusions about the difficulties to be overcome if this is to be achieved. Although there is not exactly a plethora of players there will be keen competition for many places in the side which will go forward to the second round on February 8. Training now includes a squad session on Sunday mornings and it is from such enthusiasm that a successful side is likely to emerge.

Team: R. Burlinson, T. Gibson, T. Want, S. Challacombe, D. Stuart, K. Rigg, H. Holliday, N. Allan, C. Croft, A. Cook, T. Druett, R. Barrough, B. Armstrong, A. Portelly, M. Danford.

T.G.

ARTISTS XV v. LAW SOCIETY 2NDS

Saturday, 29th January, at HOP

Result: Won 13—7

The players refreshed by a Christmas vacation from Artistry, took the field on a bitterly cold day looking full of promise for a new spell of exciting rugby.

Always best in unfair conditions (the opposition cheated by bringing only 14 players) and against the wind the Artists allowed the Society only one penalty goal in the first half. However we were getting rather fed up with playing in the small area between our goal-line and the 25.

The second half quickly brought a penalty goal by Langdon, and although we allowed the opposition the consolation of scoring an unconverted try, we showed them our mettle with a remarkably competent push-over try. This was eventually scored by McLeod, who did not let the referee see him picking up the ball out of the scrum. The try was unconverted to let the scores stay level for a time, and we teased them until Campbell was told to score a last minute try under the posts after a good run in. This was converted to give the final score of 13—7 and yet another Artistic victory!

C.L.

ANGELS v. KING'S COLLEGE 3RD XV

Won 46—4 Saturday, 22nd January

Angels who fielded an unusually strong side made this skilful and physically demanding game look easy. Aided by a referee who didn't recognise knocks-on as an offence and was scoring three points for a try and one point for a conversion, plus the continuous encouragement by spectator-cripple Ashley Royston (international), Angels won by five goals and four tries to one try.

The game started at a fast pace, and after 20 mins. when the score was 10—4 was still being closely contested, but by half-time the Angels superiority was no longer in doubt—score 22 — 4.

The forwards were well in control especially in loose rucks and combined with the harassing and breaks of the back row, allowed the continual feed of good ball by the scrum-half to the threequarters whose play was a sight to be seen to be believed. King's, very dangerous when in possession, had little defence against the sidestepping and body swerves of fly-halves and centres and hard running of the wings.

Put on the defensive for some time in the second half by the speedy loose play of King's, Angels recovered and swept back in triumphal attacks resulting in a massacring victory.

Special mention should be made of Will Hutton who scored a hat-trick including an incredible fifty-yard sprint. Other tries were by Jones, Nana Tsiboe, Gatland, Dunbar, Boyce, King and all conversions by Gatland.

Team: John Clark, Bob Miller, Capt., Simon Lawdey, Will Hutton, Charles Lacey, Colin Ryan, Jim Mahood, Rob Wilson, Nigel King, Dave Gatland, Nana Tsiboe, Davey Jones, Geoff Dunbar, Phil Boyce, Tim Thornton.

WOMEN'S HOCKEY v. L.S.E.

Won 3—1

The match was dominated throughout by Guy's who showed amazing stamina after the Christmas break. Ten minutes after bully-off a goal by Jemmy Leithead emerged from apparent confusion at the goal mouth. During the rest of the first half all the forwards and some of the defence had shots at goal but our accuracy was more of a problem than the L.S.E. defence.

Early in the second half Louise Broughton took the ball up the pitch, negotiating all opposition, to score a convincing goal. L.S.E. then managed to get the ball past the halves and, after much battling at the goal mouth, slipped the ball over the line to score a goal. Guy's took command again and some minutes later our third goal was scored by Jemmy again from a cross-hit by Philippa Birch.

All the Guy's players and our ninth player (from Barts!) played well but our success was largely due to the excellent play by the halves who managed to support the forward line and get back to the ball whenever it passed them. The result was a decisive reply to our loss to L.S.E. last term.

Team: Philippa Birch, Louise Broughton, Joanna Brown, Hilary Cole, Jemmy Leithead, Ann Ouyang (Capt.), Pamela Ouyang (Bart's), Sue Overal, Anne Skipper.

A.O.

BOAT CLUB

UNITED HOSPITAL'S REGATTA

Winners: Open Pairs
Open Fours
Novice Fours
Rugger Fours

The Regatta was held on 14th November from the U.L.B.C. Boathouse at Chiswick. Once again B.D.S. Examinations prevented all but the most determined oarsmen from training for this event and accounted for the fewer entries this year. In the Pairs, Fenn and Stuart-Bennett rowed magnificently and there was never any doubt that they would retain the trophy for another year.

Paul Stuart-Bennett also seemed set to win the open sculls race after a convincing win over Westminster, but regrettably was unable to borrow a fine boat for the final and had to scratch. Similarly in the Double Sculls race, Stuart-Bennett and Odom were obliged to scratch being unable to secure a boat.

The open four, directly descended from the Lincoln—Boston Marathon crew were looking for an easy win. The preliminary rounds against Vets and The London were taken easily and Guy's met St. Thomas' in the final. It was dusk by this time and steering becoming increasingly difficult. Guy's bowman lost his blade at the start, and the crew were forced to halt whilst the blade was secured in the broken gate, and Tommy's took 4—5 lengths lead. Once started again, Guy's held a hard high rating absolutely controlled and within 20 strokes had closed the gap considerably.

Guy's maintained a steady course but Tommy's changed water and took the outside of the bend, only to return dead level with 500 yards to the finish. From here Guy's pulled away to win comfortably and convincingly. Nick Odom was unfortunately beaten in the semi-finals of the Novice Sculls.

We are pleased to report that Nigel Bax at last led a "Rugger" four to victory after many abortive attempts in the past, and after a bye into the final.

Two Novice crews were entered this year. Competition in this event is always of a high standard and the posher crew lost by half length to Vets A in the first round. The second crew however had spent much more time in the water and went through to win the event beating the London in the final.

Pair: A. Fenn. C. P. Stuart-Bennett.

Open Four: A. Chivers, C. P. Stuart-Bennett, A. Fenn, M. J. Gleeson. (steersman).

Novice Four: G. Yeates, D. Beardsley, B. Jones, S. Rigby.

Rugger Four: N. S. D. Bax, R. G. D. Pinckney, D. Scott, B. Evans, Cox. F. J. Moorhouse.

HOCKEY

January has been a disappointing month for the 1st XI with four losses against Woking (0—2), Romford (0—4), Tulse Hill 2nd XI (0—2), and Old Beccehamians (0—1). The side suffers from the unfortunate fact that the players are never the same from one week to the next, and the best side is only available for the Cup matches.

However, despite the record the standard of play is improving especially in the defence where Bip Lakhani is indispensable at left back and John Cottingham has been very safe and sure in goal. These two players show the determination to get a 50—50 ball that will be needed for the Cup matches in the next few weeks.

Guy's at their best have a forward line that must be the envy of most other Hospitals. The team play fast, open, entertaining hockey against some of the strongest clubs and although the recent results have been poor a good run in the Cup is anticipated. If everyone at the Hospital who is or has been connected with the Club could make the effort to support these games, they will see a good game of hockey and help the side to the Cup which has eluded them for the past few seasons.

R.W.B.

MOUNTAINEERING

Just before Christmas a party of five climbers met in the University of London Hut, "Caseg Fraith" in the Ogwen valley, North Wales. The original intention was to do some snow and ice work, but the weather was so mild that bare rock climbing was possible. Several well worn routes were climbed in Llanberis pass and on Tremadoc rocks.

An expedition is planned for the weekend, 6th to 9th April, for both climbers and walkers. Aspiring "hard" men should have the chance to lead the more inexperienced up suitably graded climbs. With ropes and other equipment provided by the club all anyone will need is a good pair of boots. If you are interested please contact Piers Rowlandson, via East Wing Pigeon Hole.

North Wales Party: C. Crawshaw, N. Odorn, R. Burns, D. Shelley, N. Gifford. N.O.

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL, LONDON BRIDGE, S.E.1

Junior Lecturer/Lecturer in Physiology for medical students required. The post would be suitable for a Medical Graduate with scientific interests who wishes to prepare for a higher degree or to undertake research. There are good opportunities for co-operation with the clinical departments. The person appointed will be given training in conducting practical classes and seminars with medical students. Salary on scale £1,902—£2,454 or £2,454—£3,417 plus £100 L.A. and F.S.S.U. Application forms are obtainable from and should be returned to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1 not later than **28th February, 1972.**

GUY'S HOSPITAL

Applications are invited for the appointment of **Dental Officer** to treat in-patients (general practitioner grade) with attendance on six sessions a week for the period 1st April to 30th September, 1972, in the first instance. The post will be subject to the terms and conditions of service of hospital medical and dental staff in the National Health Service. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, within one week.

PERSONAL

IMMEDIATE partnership offered to Guy's man in urban practice: obstetrics essential. Full ancillary help, rota system for nights and weekends. The right man starts at £4,000 p.a. Write or 'phone: Drs. Moffat and Peatfield, The Surgery, 180 Brighton Road, South Croydon, Surrey. Tel: 688 1389.

CHANGES OF ADDRESS

Mr. and Mrs. C. Broome, 8 Cedarwood Gardens, Broadway Road, Evesham, Worcs.

Mr. and Mrs. A. B. Richards, 33 The Hall, Foxesdale, Blackheath, London, S.E.3.

BIRTHS

COLEMAN—To Alison (née Cameron) and Bernard Coleman a daughter (Isobel Mary) sister for Lucinda.

RICHARDS—To Ann and Tony a Son, Andrew Brynmor on 13th January, 1972.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2182

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The time is not far off when economics will determine medical ethics. Although there has been increasing financial support of medical research from government, industry and philanthropy, it is inevitable that a limit of resources will be reached when it will be necessary to choose what kinds of research should be emphasised and what neglected. At the moment, many of the decisions concerning the direction of research are made by practising scientists. It has been said that, in the past, too little medical research has been related to the practical needs of the community, while efforts have been concentrated on more intellectually attractive scientific advances. In other words, the objectivity of the decision-makers is being questioned.

In a recent Government Green Paper, Lord Rothschild proposed that applied research should be done on a customer-contractor basis. Control would be imposed by the customer (which, in the case of medical research, would be the Department of Health and Social Security) on that part of the resources devoted to research—pure, strategic or applied—which the Government decided should be allocated to practical objectives. This would mean that although the Department of Education and Science would still continue to provide funds for clinical research within the M.R.C.; overall there would be a transfer of some of the funds and, therefore, of the control from the M.R.C. to the Department of Health.

It is obviously undesirable that the Government should have direct control over all the research done by research councils, but there are some types of research which require a degree of impartiality which cannot be afforded by these bodies and yet other types which are necessary but unappealing. Decisions about what research should be done often involve criteria that transcend scientific knowledge and judgment and have to be made on the basis of social and economic values. A democratic Government is, perhaps, the best instrument available to represent such values.

Epicurus is Dead

In recent years a man has been seen on several evenings each week in Cambridge Market Place declaring that Armageddon is come. Customarily a place for cinema queues, a hot dog stall, scuffles between students and longer stay residents of the town, and the occasional dossing pitch for gentlemen of the road, the market place instantly drains of all other people save the preacher. He is left alone to preach his miserable news. Anyone else who contemplates spreading word of a wretched future is liable to the same reaction from his audience, however it is conceivable that we have little reason to be anything other than despondent when considering things to come.

In Malthus' Essay on Population there is no mention of power strikes in particular but there is a prediction that unless moral restraint is observed by individuals in the matter of having children, then violence, oppression, falsehood, misery, every hateful vice and every form of distress will be found in society, generated by laws inherent in the nature of man. There have been disasters in history that make the miners' strike blanch into insignificance, and there have also been many other equally serious strikes in industrial history, but there are two grave aspects of society that have been most emphatically underlined by the recent crisis of power. The first is the ability of one group of people quite openly to break the law by forceful picketing and to render impotent the government of the country. The second concerns the combination of an inflationary economy with high unemployment, said to be most unfamiliar bedfellows by traditional economic theories. The strike demonstrated that no one has a plausible method for getting one to kick out the other and prevent them settling in for ever.

The break-down of society has long been predicted by those interested in the alienating effects of industrial society on man. This recent break-down was quite different. Its causes were more familiar and more compelling. It was caused by a group demanding enough money to live on. The group was offered approximately what it asked for on the understanding that everyone else does not do the same. Is it not possible that no number of economic theories can solve the problem of trying to fill a pint pot with only half a pint?

Given that the question as expressed above answers itself, and that it is becoming increasingly less possible for us all to live in the style of the immediate past, what of the future? Malthus postulated that man needs food and secondly that the sex drive is necessary and constant. He would not envisage a separation of sex drive from procreative drive. Indeed Aldous Huxley could not have been more cruel to his memory than to name the contraceptive belts in Brave New World after Malthus. We can grant the first postulate, but with the present spread of contraceptive techniques people are separating sexual intercourse from procreation, so that is one way his alternative checks on population will be avoided. However the problems are arising with a population of present proportions, and so more than reduction in the increase of numbers is required. If we are to avoid penury, pandemics,

wars and famine we have to say farewell to the brief affluence of industrial societies; farewell to planned obsolescence; farewell to vast entertainment industries and farewell to extravagent machines that do almost everything for almost everyone.

NEWS IN BRIEF

The Guild of Ex-Patients & Friends of Guy's Hospital

The secretary, Mrs. M. B. Coleman, was happy to report that 1971 had been another year of progress. Subscriptions and Donations reached £8,948.84p, the highest amount yet raised. She stated that members could be justly proud of their Guild, which for many years had been able to give the Hospital, patients and nursing staff the additional amenities not provided under the Health Scheme. Since 1933, over 45,000 Ex-Patients had enrolled, of which approximately 20,000 were regular contributors. From year to year, from one cause or another, some dropped out and new members were still urgently needed, to enable their funds to meet the demands of an ever expanding Guy's.

She was happy to say that every patient in Hospital on Christmas Day received a gift from the Guild—Gift Tokens, Stationery, Biscuits, Sweets, Bed Jackets or Socks, and Toys and Books for the children.

In addition to which, the following gifts were purchased for the Hospital :—

Further financial aid to Radio Guy's (£100).
£250 to provide furnishings for Tabard House Rest Room (for Domestic Supervisors).
70 "Highworth" Chairs for wards in Hunt's House.
8 Tyne Geriatric Chairs for Hunt's House, and 30 Cantilever Bedside Tables, totalling £730.
200 Fibreglass Trays.
£100 spent on Flower Vases for Wards.
12 Protective Smocks for children in Department of Child Psychiatry.
Toys for Paediatric Clinic.
1.000 Revised Chapel Books.
£50 to purchase new books for Patient's Library.
4 Dozen Patient's Trays.
£200 for improvement of Out-Patients Buffet.
Sewing Machine for Nurse's Home.
Picture for Waiting Area in Dental School.
£15 to purchase Wooden Toys for Out-Patients Department.
£60 spent on cubicle bed and curtains where a Mother may stay near her child, in Diplock Ward.
£1,000 made available to New Cross League of Friends.
£2,498 for Medical and Dental Research.
£250 for up-grading of Pharmacy Waiting Room.
£1,700 for Automatic Film Processor for Dental X-ray Department.
£400 for rented televisions for side wards.

The Guild of Ex-Patients & Friends of Guy's Hospital, and Guy's Hospital Ladies' Association are to be amalgamated shortly, the new organisation, which will be able to provide an even better service to patients and nurses, will be called "The Friends of Guy's Hospital".

Students' Club Council Report

The Students' Club Council recently gave evidence to the Murray Commission, which is a body set up to look into the governance of London University at all levels. The Council requested a recommendation for certain basic requirements of Student Union Constitutions, so that in all colleges there is a truly democratic and representative system, and one which would be of particular benefit to Guy's.

The following is the report submitted to the Murray commission outlining the situation at present and the Students' Club Council's criticism of it.

All references are to the Clubs' Union Handbook.

Clubs' Union Council

27 members—

(a) 13 staff: elected from and by the School Council and Junior Staff Committee.

(b) 14 students: 3 appointed by the Student Club Council. The Hon. Secs. of the Rugby Football Club, Student Club Council, Dental Society and Blues Committee. 4 elected from the Hon. Secs. of the athletic clubs, 3 elected from the Hon. Secs. of the non-athletic clubs, and 1 elected representative from the Ladies' Clubs.

Functions

It is the overall governing body of the clubs and:

(1) Reviews budgets of, and allocates money to, all constituent institutions, and maintains their premises and grounds.

(2) Controls admittance and expulsions of constituent clubs.

(3) Controls constitutions of member institutions.

Finance

Income 1970-71 was £14,600, made up of compulsory per capita subscriptions of £12.60, totalling £11,800, £2,000 from the Medical and Dental Schools, and £800 from other sources.

Expenditure 1970-71. Ground expenses—£7,190, Club expenses —£3,782, Travel—£1,137, other—£2,470. The S.C.C. received £900 and the Rugby Club £1,050.

Meetings are held four times a year. The majority of time is spent on maintainance of sports grounds, also running of clubs, and a finance meeting.

Criticisms:

(1) A council concerned solely with student affairs should be composed of students only, and not of 50 per cent staff elected by staff.

(2) No member of the Clubs Union Council is elected specifically on to the Council by the Student body.

(3) By virtue of their position staff can be re-elected. However, students are usually Hon. Secs. for one year only and therefore cannot be re-elected.

(4) The Hon. Secs. are not elected by the student body but by each club, regardless of its size.

(5) Re para. 3 (iv) (vi) (vii). Page 9. Members have been procured by social contacts and not elected as the constitution requires.

(6) AN UNREPRESENTATIVE MINORITY CONTROL THE COMPULSORY SUBSCRIPTIONS OF THE STUDENT BODY.

Students' Club Council

This is a constituent club of the C.U.C. and therefore enjoys the same status as the "Hare and Hounds Club". It consists of 32 members, (a) 11 staff, (b) 21 students elected from all years.

Functions

(a) Administers the premises of the Students Club.

(b) Encourages and promotes cultural and social activities.

(c) Provides representation of opinions of students inside the Hospital, on the Students Representative Council of the University of London, and on official external student organisations.

(d) Administers Book Exchange.

(e) Promotes such other activities as the Council deems appropriate.

Finance

Receives allocation from C.U.C., and thus competes with small clubs for finance.

Allocation 1970-71:

Newspapers	£300
Television	£93
Repairs to property	£210
Membership of student societies	£170
Entertainment	£138
Handbook	£50
	£961

The Students' Club Council meets once a month during the term. Time is spent organising social functions and attempting to conduct administrative and representative functions.

Criticisms

(1) From the 11 staff members are elected a Senior President, who is also Chairman, a Senior Secretary, and a Senior Treasurer. This is completely anti-democratic. The three most powerful members must be of the establishment, i.e.—staff.

(2) Of 11 members of staff no more than four usually attend. Six members of staff are Trustees who have over-riding powers. See para. G1; H1 b; K 1-3. Page 86 onwards.

(3) Any change in constitution must be referred both to the C.U.C., and the Board of Governors for approval.

(4) Of 21 students on the S.C.C. only three sit on the C.U.C.

(5) Council members (student) are elected democratically but not on a basis of proportional representation for each year.

(6) Finance may be less than other clubs although *all* students are members of the S.C.C., e.g. Rugby c'ub £1,050, S.C.C. £900.

(7) Due to lack of funds student representation and dissemination of information are greatly curtailed.

(8) Any change in the Students' Club Commission must first get a majority popular vote from the student body at the A.G.M. However large or small this majority may be, the amendment must be "confirmed" by the Clubs' Union Council.

(9) From the Clubs Union any changes in constitution must be referred to the Board of Governors. A conservative estimate of the time taken from S.C.C. level to possible change in constitution would be two years.

Medical Education Committee

Meetings consist of a committee of 11, elected from the Medical Student body, plus anyone who is interested, including staff.

Function

To investigate topics of medical education as necessary, and make requests to appropriate bodies.

Finance

Nil officially, but Medical School pays for stationery.

Dental Society

Consists of 10 students elected from dental student body, and nine Vice-President members of staff.

Function

(1) Considers matters relating to dentistry and dental education.
(2) Furthers the social life of its dental students.

Finance

£220 for 1970-71 from C.U.C.

Catering Committee

Four student representatives from S.C.C.
Four School representatives.
Runs dining facilities and Student bar.

School Council (Academic)

The Academic School Council is a very large committee, including four students with voting rights.

Criticism

Only 5 per cent of the Council are students.

Dental Council

Two student observers.
Concerned largely with dental matters.

Criticism

Insufficient student representation on both councils.

Board of Governors

No student representation.

Power Cuts and Guy's

The London Electricity Board has informed the Hospital that it does not expect any cuts in supply to Guy's.

Meanwhile the works department is continuously monitoring the voltage, a significant fall-off in voltage has not happened yet, but this would mean a cessation of some activities such as X-Ray theatre investigations.

The Hospital is very conscious of the national situation, and all heads of departments have been asked to ensure that all staff restrict the use of electricity to the minimum.

Guy's does possess emergency oil-fired generators sufficient to maintain all essential services, in particular New Guy's House, the Theatres, C.S.S.D., the Intensive Care Units, ventilators, and the delivery facilities. These generators start up a few seconds after an expected cut.

The emergency system is tested regularly, and was last used in earnest at the end of 1970 during the power workers' dispute, when warning of likely cuts was given.

The heating system relies entirely on coal, and it is only possible to store enough for one day. Supplies, however, were allowed through picket lines when the driver carried an authorising letter from the Hospital.

The Hospital Secretary emphasised that there was no risk to patients in the present crisis, as all essential procedures are safeguarded, but asked for co-operation in reducing the electrical load, and understanding for any inconvenience this causes.

GUY'S DIARY

MARCH

2	Th	1.00	Clinical Lecture. Dr. CLARK. "Chronic Bronchitis, Emphysema, Respiratory Failure, Cor Pulmonale."
3	F	9.00	Immunology in relation to Clinical Medicine. Dr. ALLISON, Research Centre, Northwick Park. "Immune Response to Tumours."
		1.00	Clinical Lecture. Professor TEUBER, Massachussetts Institute of Technology. "The effects of early brain injury."
		2.15	Combined Round. Dr. BARKHAN and others will present some cases.
6	M	1.00	Clinical Lecture. Dr. STAFFORD-CLARK. "An Orange a day keeps the Family alive."
7	Tu	1.00	Clinical Lecture. Dr. GRIMBLE. "Gonorrhoea."
9	Th	1.00	Clinical Lecture. Dr. KNIGHT. "Bronchiectasis, Lung Abscess, Empyema."
10	F	9.00	Immunology in relation to Clinical Medicine. Professor ROITT, Middlesex Hospital. "Immune Complex Diseases."
		2.15	Combined Round. Dr. MACLEAN will present some cases.

A History of the Guy's Hospital Boat Club

III. War and Post-War : 1939-1964

by

D. K. C. Cooper

Vice-President, Guy's Hospital Boat Club

Competitive rowing was obviously at a minimum during the years of the Second World War. However, the Guy's Hospital Boat Club sent an VIII to the Henley Royal Regatta in 1945 and became increasingly active during the late 1950's and 1960's.

1940's

A notice in the *Gazette* of 1941 states that no rowing had taken place at Guy's and Farnborough since the beginning of the War but the evacuated students at Tunbridge Wells were able to use boats generously loaned by Tonbridge School. The Clubs' Union also procured two "fours" so that more students would be able to participate.

By 1942 the Boat Club was able to become a little more active, boating from the Vesta Rowing Club at Putney. A race was arranged against the Westminster Hospital over one mile at Putney, Guy's winning by $\frac{3}{4}$ length after being down for most of the race. The Captain of the Boat Club during this season, and bow of this VIII, was Harry Freeman, who became a well-known personality at Putney both during his legendary 12 years as a medical student and subsequently through his connections with the London Rowing Club and the Oxford University Boat Club. As a Vice-President of the G.H.B.C. he has been a good friend to Guy's oarsmen for many years.

In 1943, when M. D. Cremin captained the Club, it was evidently possible to hold a U.H. Regatta. Although training had been considerably curtailed due to wartime conditions Guy's did well to reach the finals of all four events entered and to win one, R. T. Lowein easily winning the Senior Sculls.

Lowein captained the Club (and the U.H.B.C.) in the following season (1944) and stroked an VIII which finished 4th out of 24 entrants in the first wartime Head of the River race, being beaten only by Imperial College and two "semi-professional crews". Of the four hospitals that entered, Guy's had by far the best time. The 1944 United Hospitals Regatta consisted only of an VIII's race, the Middlesex and the London providing opposition for Guy's who won by $1\frac{1}{2}$ lengths (Crew : Bow, J. G. Brett; 2, G. D. Chapman; 3, C. H. Williams; 4, J. A. Bulleid; 5, C. C. Bull; 6, W. van't Hoff; 7, T. H. S. Burns; Stroke, R. T. Lowein; Cox, A. Shotts.) A crew also entered Putney Regatta and raced the London in a private fixture.

1945 proved the most active year since 1938. R. T. Lowein had

retained the captaincy. The Club dropped to 12th place in the Head but then rowed well to reach the final of the "Best VIII's" division at Putney Regatta. In the U.H. Regatta the Captain had a busy day winning the sculling event once again, rowing bow in the coxless IV which won the event, and Stroking the VIII which lost its heat to Bart's by 3 ft. In the victorious IV Lowein was accompanied by J. Inskip (2), T. H. S. Burns (3), and F. de Hamel (Stroke).

Henley—1945

1945 also saw Guy's third appearance at Henley Royal Regatta which had been organised as a one day Regatta with races for all-comers (VIII's), Schools (VIII's), and Sculls. R. T. Lowein was unable to row following an ankle injury the day before the race; instead F. de Hamel stroked the VIII with A. Shotts (normally the cox) at number 2. This is the only occasion on which the Hospital has been represented at Henley by an VIII. The crew had a hard draw against both Thames Rowing Club and Pembroke College, Cambridge, and did well to beat the latter, though losing by $1\frac{3}{4}$ lengths to Thames (Crew : Bow, D. G. Brett; 2, A. A. Shotts; 3, C. H. Williams; 4, C. C. Bull; 5, A. F. Crick; 6, J. A. Inskip; 7, T. H. S. Burns; Stroke, F. de Hamel; Cox, A. Fooks).

By 1945 Guy's appear to have moved from Vesta R.C. next door to Thames R.C. who allowed the use of their boat-house from Putney. In the 1946 Head of the River race the Guy's VIII, without its Captain, T. H. S. Burns, put up a most creditable performance. Starting in their 1939 position of 37th they rose 20 places to finish 17th out of 71.

A. S. F. Butcher

The *Gazette* makes no mention of Boat Race activities during the years 1947 and 1948. However, at this time the Hospital had in its midst probably the finest and certainly the most successful oarsman to be a Guy's student. In 1948 A. S. F. Butcher, a Cambridge Blue, rowed for Thames R.C. in their Grand VIII (No. 7) and Stewards IV (at Bow-steers) at Henley, winning both events. The IV subsequently represented Great Britain in the Olympic Games. In the following year (1949) Butcher added the Silver Goblets to his Henley successes. There can be very few oarsmen in the world who can claim to have won the Senior VIII's, IV's and Pairs events at Henley—an outstanding achievement. Mr. Butcher subsequently coached Guy's crews on a number of occasions.

In 1949, with E. P. W. Tatford as Captain, Guy's entered three events at the U.H. Regatta but without success.

1950's

Tatford, who retained the captaincy in 1950, took an VIII and a IV to Southampton for races with University College, Southampton, and King's College, London. On a very tortuous, difficult course, the VIII came last after leading easily in the earlier stages of the race, but the IV won its event. The VIII reedemed itself by beating

Southampton in the Head race later that year, though Guy's final position is unrecorded.

The next four years appear to have been relatively inactive ones for the Club, though I. McColl and K. A. Hillard represented Guy's as Scullers at several regattas.

A revival of activity after these rather lean years began on Boxing Day, 1954, when Guy's entered a IV for the light-hearted Richmond Boxing Day Regatta. The "gruelling effects of the Christmas weekend took their toll" and "the recent nocturnal habits of the crew displayed their detrimental effects on efficiency and stamina". Needless to say, Guy's lost the first race, but only by ½ a length. Legend has it that one Guy's oarsman rowed the whole of this race facing the wrong way. This IV contained G. Longson, who later became Captain of the University of London Boat Club.

Revival of the Guy's-Bart's Boat Race, 1955

"On Wednesday, 23rd February, 1955, a tradition over 100 years old was revived when a race was rowed between the Boat Clubs of Guy's and St. Bartholomew's Hospital." (*Gazette* 19th March, 1955). As Bart's could not muster a 1st VIII, the race was rowed between the two 2nd VIII's from the Mile Post to the University Stone at Putney. Bart's won by two lengths and were then entertained by their Guy's counterparts at a dinner held at the London Rowing Club.

A number of races were organised between Guy's crews and other Colleges during the winter. The first VIII, coached by R. E. Farmer and A. S. F. Butcher, met and beat the London Hospital and the Medical Boat of Lady Margaret Boat Club, Cambridge, but lost to Pembroke College, Cambridge. In the Head race the first VIII did extremely well to rise from 83rd to finish 38th out of 233 crews. This performance won for Guy's the first place pennant of the U.H.B.C., having beaten Thomas's and Bart's (Crew: Bow, M. A. Young; 2, V. Whitehead; 3, T. R. Cullinan; 4, D. C. Inman; 5, R. W. M. Smith; 6, M. R. Boundy (Capt.); 7, G. J. Longson; Stroke, M. S. Parrish; Cox, C. B. Thompson).

U.H. Bumping Races, 1955

"For the first time in history, Bumping Races were rowed on the Thames on the 18th, 19th and 20th May. These were organised as an experiment by the United Hospitals Rowing Club and, although open to the whole of London University, the entry came entirely from seven hospitals" (*Gazette*, 25th June, 1955). Guy's started third in the first division behind Thomas's and Bart's. There was no change in the order amongst these leading crews, giving some indication of the similarity of standards, as is so often the case.

Guy's were unfortunate to lose by a canvas in the revived annual Bart's-Guy's race. A "strong" IV was entered in the Richmond Boxing Day Charity Regatta and appeared in fancy dress, being photographed for the local papers and ending as runners-up.

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Captain of Boats, U.L.B.C.

G. J. Longson, who had rowed for Guy's throughout the season, was selected to represent London University in the Purple Boat, and M. S. Parrish gained his U.L. trial cap. Longson received his full Purple during this season making him the first Guy's man to receive this award, and was subsequently elected Captain of Boats of the U.L.B.C. for the 1956-7 season. This was the first time and, to date, the only time, that a Guy's man has been elected to this position.

During the early months of 1956 the Guy's 1st VIII was coached by Mr. John Cox of Leander Club, Dr. Edgar Tomlin and Mr. C. Clough. After dropping several positions in the Head of the River race, the Guy's 1st VIII went on to take the VIII's Challenge Cup in the U.H. Regatta, winning the final by the astonishing margin of 10 lengths. Ten days later this fine heavyweight crew (average weight almost 13 stones) added the U.L. Winter VIII's Senior Trophy to their collection. This VIII, captained by M. S. Parrish and containing several very good oarsmen, must rank as one of the most successful in recent years (Crew : Bow, H. D. W. Plowright; 2, R. H. S. Mindham; 3, B. A. Ross; 4, D. S. Inman; 5, J. D. Pullan; 6, T. H. Redpath; 7, H. R. Rippon; Stroke, M. S. Parrish; Cox, A. E. P. Hudson).

After improving its position in the 1957 Head race Guy's had a successful week at the U.H. Bumps. The 1st VIII bumped Bart's to move to second place, the 2nd VIII made three bumps and the 3rd (or "Gentlemen's") VIII made two bumps. This was by far the best record of any of the competing hospitals. Later in the year Guy's retained the Junior VIII's Cup at the U.H. Regatta (Crew: Bow, W. Long; 2, P. Dobson; 3, G. Read-Ward; 4, J. White; 6, F. Schweitzer; 7, R. Andrews; Stroke, J. Axton; Cox, M. Tarlow), but could not retain the U.L. Winter VIII's Cup. M. Lake was awarded a U.L. Half Purple during the 1956-7 season and D. J. F. Gurney and E. M. Hoskins received Full Purples in 1957-8.

1958 was an active year for the Club though no major successes were obtained. No fewer than 27 oarsmen represented the Hospital in five events in the U.H. Winter Regatta and three VIII's were also entered for the U.L. Winter VIII's championships. Second position had been maintained in the U.H. Bumping Races.

The first VIII, coached by Messrs. Farmer and Gumpert, did well in the 1959 Tideway Head, moving up from position 104 to 73rd. In the U.H. Bumping Races Guy's retained 2nd position behind St. Thomas's. In the U.L. Allom Cup Regatta every event except one was won by the extremely powerful Imperial College who dominated U.L. rowing for several years during this period. Guy's, however, provided the exception and proved the safety in numbers by entering three crews for the Clinker IV event which was won by Guy's II (Crew : Bow, R. Andrews; 8, T. Redpath; 3, H. Clink; Stroke, P. Dobson; Cox, J. Weedy).

No mention is made in the 1960 *Gazettes* of winter rowing at Guy's though from future editions it is known that Guy's entered the Reading and Tideway Heads, Thomas Ditton Regatta and the Allom Cup races but without success. In the Bumping Races the 1st VIII, which was the only Guy's crew entered due to the Brighton Walk, went down two places, being bumped by St. Mary's and the Westminster.

After this poor start improvement came later in the year. D. J. F. Gurney, a U.L. Purple, became Captain and with an initially very small squad of oarsmen enforced hard regular training and frequent competition. A IV was entered and duly won the Clinker event in the U.H. Winter Regatta (Crew : Bow, D. Gurney; 2, P. G. Inward; 3, B. D. Fitzgerald; Stroke, C. D. Hawes; Cox, A. Pickering), and during the winter months the 1st VIII beat the Westminster Hospital, Northampton College, University College and Queen Mary College in friendly matches, and were defeated only by a strong Latymer School VIII. The 1st VIII was entered for the Bedford Head and was placed 14th out of 43 crews. In the Reading Head an improvement of 18 places on the previous year was achieved, Guy's finishing 56th out of 132 crews, and in the Tideway Head the Hospital went up 68 places to finish 86th out of 298 entrants. However, a somewhat changed 1st VIII was less successful in the Bumps, only managing to retain 4th position.

The improvement in activity in the Club was continued by C. D. Hawes who was Captain in 1961-2. Guy's was perhaps unfortunate not to win an event in the U.H. Winter Regatta as several races were lost narrowly. A near collision in the U.L. Winter VIII's Senior event lost the Guy's 1st VIII (coached by I. C. M. McLennan and T. N. D. Peet) its heat to U.C. who went on to win the final. Two VIII's were taken to Cambridge for training outings with Pembroke College and the 1st VIII also visited St. Peter's College, Oxford, and raced Bart's over the Boat-race course, winning by the very large margin of 10 lengths. The results of the Head races were, however, only moderately good.

The "Gentlemen's" VIII

A "Gentlemen's" VIII was entered for the Tideway Head, largely as the result of the efforts of D. H. Richards, a stalwart of the Club during this period. This was the first time in the Club's history that a "Gentlemen's" crew had had the foolhardiness to attempt such a long race (approximately 4½ miles). "After a collision with a police launch, before the race even began, they rose manfully to the occasion and, although utterly exhausted after the first 10 strokes, excelled themselves with a row of great spirit; the crew, however, was rarely seen through the cloud of spray that followed them throughout the course. Their finest hour was reached as the results were announced, for they had achieved the not inconsiderable honour of coming last out of the best 284 crews in the country—the unique achievement in the history of Guy's rowing."

Somewhat surprisingly, this performance led to the crew being invited to attend a revue, "One Over The Eight", showing in a London theatre at that time. A Sunday paper had featured a photograph of the star of the revue (Mr. Kenneth Connor) being thrown into the Thames by a bevy of attractive chorus girls. The caption stated that these girls were going to challenge the losers of the Tideway Head race to a rowing race. When the Guy's "Gentlemen" read this caption they pressed the then secretary of the Club (which person happened to be the writer) to contact Mr. Connor and take up the challenge. (I felt that this eagerness to participate in physical competition was stimulated more by the obvious social considerations and advantages of the opposition than by a desire to uphold the reputation of Guy's rowing). However, Mr. Connor was duly contacted, but, as his public relations consultant informed us, it appeared that his "comely crew could not in the event catch even the smallest of crabs and do not know port from lemon". The race could not, therefore, take place, but instead the "Gentlemen" were generously given free tickets to attend the revue which they duly did. The hoped-for introductions to the chorus girls after the performance, alas, never took place.

This landmark in the history of Guy's rowing has had one further sequel. The "Gentlemen's" VIII for the Tideway Head has become a traditional feature whenever eight mentally unbalanced oarsmen can be persuaded to take part. Furthermore, it has become the ambition of all of these crews either to beat the 1st VIII or, more usually, to come last of all. In recent years the President of the Club, Mr. J. Mansie, has gallantly stepped forward to take control of the rudder-lines and distribute the brandy.

In the 1962 U.H. Bumps Guy's I maintained its 4th position, Guy's II moving up and consolidating its position in Division I for the first time in the history of the event. Evidently their fame had spread, for the "Gentlemen" were unable to take part as no other Club would lend them a boat. In the U.L. Allom Cup races the very powerful Guy's 1st VIII narrowly lost the final of the Roderick Hill Trophy by a $\frac{1}{4}$ length, having the disadvantage of the final bend and having disposed of St. Thomas's Hospital and U.C. and H. in the previous two rounds. Unfortunately, the 1st VIII, which had at last seemed to be reaping the rewards of the 600 miles of training it had put in during the winter on the river, had to disband immediately after this regatta because of the pressure of examinations. Several members of the crew, however, formed a composite crew with some University College oarsmen. Four regattas (Chiswick, Willesden, Walton and Peterborough) were entered at Junior-Senior or Junior level, the crew finally winning Junior's very easily at the latter Regatta. The Guy's oarsmen who rowed at Peterborough were C. A. Soutar (2). P. D. Venning (3), and D. K. C. Cooper (5). B. D. Fitzgerald and C. D. Hawes, who were initially in this squad, were ineligible for this event.

Coaching Launch

In the 1962-3 season the writer had the previlege of captaining the Club. It was felt by the Senior members of the Club that a small

launch would be a valuable asset in attracting coaches to the river and facilitating their task. A dinghy and outboard motor were therefore purchased at the expense of the members themselves with generous support from the President, Mr. J. Mansie. The engine, however, proved totally unreliable and, although the dinghy was subsequently used with another engine, the project proved an expensive failure. A very amusing account of the life-history of this launch is written up in the Minute Book of the Club.

The Captain's aim was to take a crew, probably a IV, to Henley in the summer of 1963. With this in mind the hard training of the previous year was continued consisting of outings on the river three times each week in the winter and six times each week in the summer. In addition, circuit training and road running were each carried out at least weekly during the winter, which proved to be a bitterly cold one. In the U.H. Winter Regatta no fewer than 33 oarsmen represented the Hospital in five events. I. C. M. McLennan and C. Souter gained 1st and 2nd places in the Junior Sculls and Guy's crews were runners-up in the finals of all four other events, including the Senior IV's and Junior VIII's. *Rowing* magazine commented on how unlucky the Hospital was to win only one event. The very proficient Junior VIII was again beaten by Bart's in the final of the U.L. Winter VIII's Junior division.

Two VIII's trained regularly through the appalling winter weather in preparation for the Head races but very disappointing results were obtained in these, mainly due to the fact that no fewer than eight of the nine members of the 1st VIII went down with either respiratory or gastro-intestinal infections during this time, necessitating frequent substitutes or oarsmen who had just got out of their sick-bed. Several other races were cancelled through ice on the rivers.

Henley, 1963

The coxless IV, coached by T. N. D. Peet and D. J. F. Gurney, trained hard and included outings of up to 17½ miles. The IV entered Chiswick, Twickenham, Willesden, Walton, the Metropolitan, Reading and Marlow regattas at Junior-Senior or Senior levels and, although winning several races and being runners-up on one occasion, did not obtain a final victory. Two weeks were spent at Henley in preparation for the Royal Regatta. The draw for the Visitor's Challenge Cup was an unlucky one for Guy's who drew the experienced Christ's College, Cambridge, whose IV contained two Goldie oarsmen. Christ's proved their power by winning by some five lengths, putting up the fastest time of the day, being 12 seconds faster than any other crew in the event, and went on to win the entire event with relative ease. The Guy's IV was : Bow (Steers), P. D. Venning; 2, N. A. Watson; 3, D. K. C. Cooper; Stroke, C. D. Hawes.

C. A. Soutar took over as Captain for the 1963-4 season and was faced by immense problems as no fewer than seven of the previous year's 1st VIII and the coxswain were unavailable for most of the season. The results of the various Head races, though not brilliant, were good enough to be a fine tribute to Soutar, who had done well

to get his crew to such a standard, for it contained no fewer than three total novices.

Royal Humane Society Award to J. S. Gregson

One exciting incident which occurred earlier in this season is very worthy of comment as it brought considerable credit to the Club. A coxless IV out training near Putney Bridge took prompt action to assist two men who had fallen into the river when their dinghy capsized. One of the men could not swim and had disappeared under the surface. Stephen Gregson, rowing at 2 in the Guy's IV, dived into the river and undoubtedly saved the life of this man, dragging him to the surface and hauling him to the capsized boat, to which the other man was clinging.

The Guy's crew was later traced by the police and subsequently the Royal Humane Society "Resolved Unanimously that John Stephen Gregson is Justly entitled to the Honorary Testimonial of this Society inscribed on Vellum, which is hereby awarded him for having on the 6th October, 1963, gone to the rescue of a man who was drowning in the Thames at Barn Elm Reach, Putney Bridge, and whose life he gallantly saved." The other members of this IV who acted so promptly and efficiently on this occasion were C. A. Soutar, P. G. W. Sharp and M. A. Preece.

The Gurney Cup

In this season, Mr. D. J. F. Gurney, formerly Captain and subsequently Vice-President of the Club, who has given enormous assistance in recent years as chief coach, presented a Cup to encourage sculling at Guy's. Only those members who have rowed competitively for the Hospital during the season are eligible to take part. The "Gurney Cup" was first raced for over a $\frac{1}{2}$ mile course at Chiswick on the 14th June, 1964. The winner was the Captain, C. A. Soutar.

M. A. Preece was elected Captain for 1964-5 and instigated a set programme of weight training. A very competent VIII, stroked by the Captain, narrowly lost the final of the Junior VIII's to St. Mary's at the U.H. Winter Regatta after beating St. Thomas's and Westminster in the earlier rounds. J. S. Gregson sculled superbly throughout three rounds to take the Junior Sculls. In the U.L. Winter VIII's event the Junior VIII was again unlucky to lose the final to University College, having beaten St. Thomas's and Imperial College earlier.

After this encouraging start, the Spring Term proved luckless. The first VIII lost its boat in an accident, its blades on a lorry, and were hit by illness at crucial times, notably to P. Telling—a very experienced oarsmen who represented the Hospital in the 1st VIII for no fewer than six seasons—who rowed in the 1965 Head race with a temperature of 102°F.

1965 saw the beginning of five years of unparalleled activity in the Club, so much so that these years require separate consideration.

Part IV will be published in the near future.

Psychiatric Case History

Introduction

I hope this to be the first in a series of brief case histories illustrating basic psychiatric problems that we are all likely to come across.

Some of us are irritated by mentally ill patients; some of us misjudge and misunderstand them and others of us are troubled and uncertain about how to deal with them. Thus I have chosen this lady first because she taught me some basic psychiatry and also because, although in hospital work we can avoid many of the mentally ill, this type of problem is one that as doctors and nurses we will probably all have to deal with at some time.

Case History

Mrs. B. was a lady of 43 years, married with no children. She had one son by a previous marriage, which ended in divorce. He was killed in a car accident at the age of 21 years. A pregnancy by her present husband had to be terminated because of her heart condition. When well she worked as a telephonist.

As a child she spent quite long periods in hospital for various illnesses including Sydenham's chorea. Her memories of her stays in hospital were vivid and nightmarish, mostly due to supposed ill-treatment by nursing staff; consequently she had always been afraid of hospitals and medical personnel.

In 1962 she underwent mitral valvotomy for mitral stenosis subsequent upon rheumatic valve disease. In 1970 a fascia lata replacement was made after restenosis of her value. Her anxiety over hospital admission necessitated her care in the York Clinic during this time. Following the replacement she gradually became increasingly short of breath over the next 15 months and on her admission at this time had symptoms of sub-acute bacterial endocarditis for which she was treated, along with her heart failure. However, after a few weeks she suddenly developed tricuspid regurgitation and pulmonary oedema and an emergency mitral Starr valve replacement was made.

Initially her recovery after the operation was good, but a few days after she was returned to the side ward where she had been admitted, her mental state gradually began to alter. Almost imperceptibly at first her attitudes changed, her accurate awareness of the things going on around clouded and her anxiety heightened. She was tearful and agitated and started to talk about a plot that was being made to kill her and those who came to visit her. She thought the nurses talked about her and plotted against her outside her room. She would shout to her sister, who she imagined to be outside, to go away in case she also was harmed. At night she would get out of bed in an attempt to find out what was going on and then fall exhausted to the ground unable to get back to bed. Over the next two days she became more agitated, frightened and aggressive and broke the windows in her room.

She was given thioridazine ("Melleril"—a phenothiazine) 100 mg.nocte and diazepam ("Valium") 5 mg. t.d.s. and 10 mg.nocte in

the early stages. The day she broke the windows she was given promazine ("Sparine"—a phenothiazine) 75 mg.I.M.stat. and then 100 mg. t.d.s. with 150 mg.nocte which was continued for 10 days. She was also given parenterovite. During the acute stage she had a nurse with her day and night. She improved on this regime and became her normal self again, although still prone to anxiety. She was subsequently discharged.

Discussion

Toxic confusional states of this sort can follow a wide range of physical conditions including hypoxia, fluid and electrolyte imbalance, metabolic and endocrine disturbances, malnutrition and vitamin deficiencies, alcohol and drugs such as amphetamines and chronic barbiturate intoxication. The condition is eminently reversible with alleviation of the precipitating causes, gentle and calm management and tranquillisers. The earlier it is treated, the less distressing it is for the patient and those around, and the shorter the duration of the upset. The onset is often insidious; the nurse may notice that Mr. so and so is unusually uncooperative or that old Mrs. X is less aware of what is going on than usual, plucking at the bed clothes. It is at this stage that treatment should be initiated, since by the following day they have usually become unmanageable.

The patient is often terrified and may have hallucinations (especially visual), failure of recent memory, disorientation in time and space and emotional lability. Constant reassurance and familiar faces around them do much to relieve their fears.

Mrs. B. was a very pleasant lady, normally cooperative and friendly with the nurses and staff; her change in behaviour was distressing to those around her, especially her visitors. She was very frightened. She remembered, on recovery, most of her experiences as if they were a bad dream and she could rationalise her behaviour in the light of how she felt at that time. Sometimes though, patients may have little or patchy recollections of episodes of this sort.

Toxic confusional states are not therefore a major disaster, are reversible and are one of the more satisfying of psychiatric conditions to treat.

R. M. DISMORR

NOTICE

RESIDENTS' PLAY RECORD

Copies of the Residents' play record can be obtained from :—

Trevor Thomas (Dept. of Haematology), Roderick Hay (East Wing).

Price £1.50

Cheques payable to Guy's Hospital Residents' Fund.

NURSING SECTION

FREE VISITING FOR CHILDREN?

Much publicity has been given to the recent recommendation by the Ministry that children in hospital should be afforded free visiting facilities and that the parents of those living a long way from hospitals should be offered accommodation.

The fact that this recommendation has been issued automatically raises two points. Firstly in these days of orientation towards psychology and psychological welfare why was there any need for this? Secondly how can it be ensured that the clauses therein will be observed?

Let us consider the first point. It is a well known fact that wherever two or three nurses are gathered together in the name of Paediatrics, the question of visiting will be discussed. It is also a well known fact that Paediatric nurses have unfortunately earned themselves a deserved reputation for being extremely possessive about their patients. Moreover many of these people—and not always the older generation—are openly opposed to free visiting. Others, although not quite so extreme in their views, contrive to place such obstacles in the paths of parents, and to adopt such an ungracious attitude towards them, that the visiting of their child becomes sufficiently unpleasant to cause some to avoid it altogether. Thus it becomes evident that, in many instances, the attitudes in hospitals are in need of reform, and it is the people who are in direct contact with the parents—namely the Ward Sisters—who in many instances require educating.

In view of this last comment let us now consider the second point, namely, how will it be ensured that the recommendations are observed.

The answer is of course that without the co-operation of hospital staffs there is no assurance that the situation will improve. The fact is, that without the goodwill of Ward Sisters, it is impossible to dictate the changes. This does not mean that the numbers of visitors need prove detrimental to the welfare of the children. Most people are extremely reasonable if approached correctly and their point of view is discussed along with that of the hospital. In fact the majority are only too eager to help in ensuring the best possible care for the children.

Thus it would appear that in order to ensure truly free visiting for children in hospital, there is a necessity to change the ingrained attitudes of many hospital staffs. Until everyone is fully convinced that a positive rather than a negative attitude towards this can only prove beneficial to the patients will there be radical changes. It will make no difference how many recommendations are issued. It is after all the individual members of staffs who will make or break the system.

It is interesting to note that those who are most antagonistic to free visiting and consider it a "new fangled" idea are those who have

never tried it. Most of those who have are in favour, and are left wondering who undertook the nursing in the old days. It is also noticeable how different the behaviour is of the children when free visiting is practised.

In conclusion then, one has, reluctantly, to admit that there was a necessity for this recommendation to be published. It is hoped that the instructions will be followed conscientiously.

CORRESPONDENCE

A Change of Wind

SIR,—Should Guy's men and women in future have reason to wonder which way the wind is blowing, they may not get the guidance they seek from the dial on the East Wing pediment. The writer has hinted to this effect to the hospital's Consulting Engineer, and it is to be hoped that a remedy may be looked for, short of dismantling the Tower Block and re-siting it elsewhere, as Thomas Guy—so we are told—at one time thought of doing with the original hospital building.

Yours faithfully,

THOMAS H. E. ORDE
Archivist, Guy's Hospital

Counting House,
Guy's Hospital,
London, S.E.1.

Surgeons Splash Out

SIR,—In your news item under this heading (12th February 1972) you refer to a Waterbed manufactured for domestic use which is currently being tested in the Department of Surgery for the prevention and treatment of bed sores. Though it may have advantages over the Beaufort Winchester Waterbed which I described in your columns of 25th September 1971 its efficacy in the post-operative management of patients with large decubitus ulcers treated by rotation flap procedures has yet to be proven. So that the statement in your news item "it compares very favourably with water beds specially designed for hospital use" is misleading.

Yours faithfully,

R. GRAHAME,
Consultant Physician

Department of Rheumatology,
Guy's Hospital,
London, SE1 9RT

SPORT

SQUASH RACKETS

While most of the Guy's squash players spent Christmas getting thoroughly unfit, a few managed to keep in trim. Of this small and dedicated band, two deserve special mention.

Iain Nicholson comfortably won the Hampshire junior championship, for the second consecutive year and followed it up by winning the Middlesex junior.

Meanwhile, for the girls, Gillian Finch won the ladies national junior championship, beating the previous holder in the final.

Congratulations to them both!

HOSPITALS CUP

2ND ROUND v. ST. MARY'S

Lost 0—5

St. Mary's have dominated hospital squash for the past decade and, with a regular intake of new talent will probably do so for a few years yet. This year they soundly beat Guy's. Their courts were slow and this suited their more skilful players. Nicholson played the ball well to a length but could not match the accurate boasts and drop shots his opponent produced. Jerry Owen and Alistair Cooke both ran well but were outplayed. Chris Mackenzie got as close to winning as anyone but made the mistake of lobbing the ball to a world class badminton player. Finally, Edward Evans was beaten by the speed and superb fitness of John Williams, the Welsh rugby and tennis international.

Team : I. Nicholson, J. Owen, C. MacKenzie, E. Evans, A. Cooke.

Other Matches

Results: vs Middleton Lost 2—3
vs Brighton Lost 2—3
vs R.N.C. Greenwich Won 3—2
vs St. Bart's Hospital 1st V Won 4—1
2nd V Won 4—1

Two of our old rivals managed to get revenge for the defeats we inflicted on them while on the Sussex tour. Both matches were desperately close and in doubt up until the last moment. I am informed that, following the Middleton match, Ray Sharp and Chris Langdon have become much more familiar with that area of London which surrounds Soho Square. E.J.E.

HOCKEY

GUY'S v. TULSE HILL 2ND XI

Away. Lost 0—2

Despite the scoreline, Guy's turned out a very creditable performance against strong opposition. The defence were, on the whole solid, Nick Matthews and Charlie Crawshaw especially distinguishing themselves.

The attack showed some sparks of creative flair, although all to often, a good build up was wasted by the inability to finish decisively. Roger Burns and Bob Clark continue to link well, and a fine shot from Burns elicited the save of the match from the Tulse Hill keeper.

The goals came towards the end of each half, the first from a break into the D down the left, the second after an opportunistic first time hit from a right centre. This match bodes well for the forthcoming Cup games, and should cheer Paul Calvert up (if only a little).

Team: K. J. Cottingham, P. Nicol, B. Lakhani, C. Crawshaw, P. Calvert (Captain), N. Matthews, R. Forber, R. Burns, R. H. Clark, J. R. Walker, P. Wilmer.

J.C.

JUDO

GUY'S v. QUEEN ELIZABETH COLLEGE

Won 80—0

Although Guy's has often contributed several members to the University team during the past four years this is the first time in at least seven years that a judo team has represented the hospital. Although most of the matches were fought against slightly lower grades it was very commendable to win all eight contests with maximum points. Carey Morris was back in good form after a rather long retirement since his second M.B. Carol Mander decisively beat her first opponent in the opening seconds of the contest and Charlotte Cavanagh showed the versatility for which she has been recommended a University Half-Purple. In the last contest Paul Hewish, the University Vice-Captain met Pat Curzon, the University secretary. A harai goshi landed the latter on his back and Guy's had won all contests: an ippon. It was a very enjoyable evening and I hope to see a Guy's team in spectacular action again soon.

Team: Paul Hewish, Carey Morris, Charlotte Cavanagh, Carol Mander.

P.A.F.H.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Locum Senior Registrar** in venereology commencing 13th March, 1972 or as soon thereafter as possible to work jointly between Guy's Hospital and the South East Metropolitan Regional Hospital Board (Greenwich and Lewisham Hospital). Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **8th March, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Senior Registrar** in anaesthetics with duties to commence on 1st May until 30th September, 1972. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **3rd March, 1972.**

MILLER GENERAL HOSPITAL, S.E.10

Applications are invited for the appointment of **Senior House Officer** in General Medicine from 1st April, 1972 for six months in the first instance. The appointment will include cardiology and gastroenterology. Applications should be sent to the Hospital Secretary, Miller General Hospital, London, S.E.10 within one week.

HOUSE APPOINTMENTS

GUY'S HOSPITAL

1st March, 1972

House Physicians	
Dr. Mann, Dr. Scott, Dr. Clark, and Dr. Grahame	Mr. R. J. Hay *3 months* Mr. P. J. Marriott *6 months*
Dr. Hardwick, Professor Trounce, Dr. Cameron, and Dr. Ogg	Mr. B. V. Martindale *3 months* Mr. J. C. B. Shutes *6 months*
Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble.	Mr. A. J. Camm *3 months* Miss L. L. Judd *6 months*
Professor Lessof, Dr. Joiner, Dr. Burry and Dr. Sowton	Mr. A. V. Lalani *3 months* Mr. A. M. Ross *3 months* Mr. D. N. Bateman *6 months*
House Surgeons	
Professor I. McColl Mr. Blackburn and Dr. Wayte	Mr. C. J. Rudge *3 months* Mr. M. A. Lavelle *6 months*
Mr. Lawrie	Miss M. J. Van Essen *3 months*
Mr. Glover and Mr. McArthur	Mr. H. J. Klass *6 months*
Mr. Beard	Mr. I. D. Harrison *6 months*
Mr. Maynard and Dr. Wayte	Mrs. L. Light *3 months*

Mr. Ellis — Mr. D. F. Stubbs, 6 *months*

Mr. O'Flynn and Mr. McArthur — Mr. G. M. A. Heaton, 3 *months*

House Surgeon to the Breast and Plastic Surgery Units

Mr. J. G. Williams
3 *months*

Gynaecological House Surgeons

Mr. R. G. Thomson
3 *months*
Mr. A. M. Light
6 *months*

Throat and Ear House Surgeons

Mr. A. Scourfield
3 *months*
Mrs. D. Neville
6 *months*

Orthopaedic House Surgeons

Mr. J. A. Morgan
3 *months*
Mr. E. G. Latimer-Sayer
3 *months*
Mr. A. J. G. Batch
6 *months*
Mr. C. J. F. Manning
6 *months*

Each Orthopaedic House Surgeon will spend six weeks at New Cross Hospital.

S.H.O. to the Renal and Transplant Units

Mr. A. J. Rees
6 *months*

Genito-Urinary House Surgeons

Mr. P. R. Harrison
3 *months*
Mr. A. I. Attwood
6 *months*

Children's House Physicians

Miss R. J. Thorburn
3 *months*
Mrs. A. de Carteret
6 *months*

Casualty Officers

Mr. D. G. Healey
3 *months*
Mr. D. A. Rosenberg
3 *months*
Mr. N. P. Coe
3 *months*
Mr. B. R. Kenning
6 *months*
Mr. C. G. Rowland
6 *months*
Mr. J. D. Spencer
6 *months*

Resident Obstetricians

Mr. D. Horwell
3 *months*
Mr. J. L. Bates
6 *months*

Neurological House Physician

Mr. R. J. Rycroft
6 *months*

Dermatological House Physician

Mr. A. A. Bell
6 *months*

House Physician in Chi'd Psychiatry

Mr. E. Bajraszewski
3 *months*

House Surgeons to the Thoracic Unit

Mr. R. J. Wainwright
3 *months*
Miss D. C. T. Watson
6 *months*

House Physicians in the Department of Psychological Medicine

Mr. M. Bourke
6 *months*
Mr. J. R. M. Ross
6 *months*
Mr. M. Seear
6 *months*

Resident Anaesthetists

Mr. J. A. R. Pook
3 *months*
Miss A. M. Tihanyi
3 *months*
Miss P. L. Pantin
6 *months*
Miss C. H. Thorne
6 *months*

Senior House Officers to Nuffield House

Mr. A. J. West
3 *months*
Mrs. L. J. Rockall
6 *months*

EVELINA HOSPITAL

House Physicians:

Mr S. Kraemer	1.10.71—31.3.72
Mr. H. M. Wieselberg	1.12.71—31.5.72
Miss C. A. Chalmers	1. 2.72—31.7.72
Mr. J. Rawlinson	1.4.72—30.9.72

Casualty Officers:
Mrs. S. Lena
6 *months*
Mrs. A. Furtado
3 *months*

ST. OLAVE'S HOSPITAL

House Physicians:
Mrs. F. E. Jones
3 *months*
Mr. J. R. Pepper
6 *months*
House Surgeon:
Miss M. L. Cann
3 *months*
Senior House Surgeon:
Mr. P. Toone
3 *months*
Gynaecological House Surgeon:
Mr. F. M. M. Abdel-Sattar
6 *months*
S.H.O. in Phychiatry:
To be Announced Later
6 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine, Geriatrics and Rheumatology:
Mr. J. K. Mackenzie
3 *months*
Mr. R. H. Mackay
3 *months*
Mr. M. S. Sorefan
6 *months*
Miss C. R. White
6 *months*

Orthopaedic House Surgeons see under Guy's

Senior House Officer to Rehabilitation Unit:
Mr. R. A. Billings
6 *months*

BECKENHAM HOSPITAL

House Physician:

—

House Surgeon:
Mr. J. A. Dalziel
6 *months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Elliott, Dr. Collover and Dr. Tillman:
Mr. D. W. Gorst
6 *months*

House Physician to Dr. Mallinson:
Mr. D. Macdiarmid
3 *months*
House Surgeon to Mr. O'Flynn, Mr. Wilson, Mr. Hollis and Mrs. Wengraf:
Miss A. Ironside
3 *months*
House Surgeon to Mr. Eldin and Mr. Cobb:
Mr. C. C. Baker
3 *months*
House Surgeon to Mr. Williams and Mr. Park:
Mr. R. C. Fieldsend
6 *months*

HITHER GREEN HOSPITAL

House Physicians in General Medicine and Infectious Diseases:
Mr. A. R. Valentine
3 *months*
—
6 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price:
Mr. P. W. L. Ribet
3 *months*
House Surgeon to Mr. Lynn Evans:
Mr. R. G. A. Behrman
3 *months*
House Physician to Dr. Roberts:
Mr. S. D. Horsley
3 *months*
House Surgeon to Mr. Ivo-Smith:
Mr. K. Thompson
3 *months*
House Surgeon to Mr. France, Mr. Bingold and Mr. Monty:
Mr. T. de F. Mendis
3 *months*
House Surgeon to Mr. Le Brun:
Mr. J. S. Polkinhorn
6 *months*
House Physician to Dr. Llewellyn Smith:
Mr. P. G. Jackson
6 *months*
House Surgeon to Mr. Cavendish:
Mr. A. B. Mugatroyd
6 *months*

MILLER HOSPITAL

House Physicians to Dr. Hartley and Dr. Bassadone (S.H.O.)
Mr. D. A. Raper
6 *months*
Mr. N. A. G. Jones
3 *months*
Mr. J. D. Martin
6 *months*
House Surgeon to Mr. O'Flynn and Mr. Fyffe:
Mr. N. C. Bartlett
3 *months*
House Surgeon to Mr. Eldin and Mr. Candy:
Mr. D. A. G. Cook
6 *months*

ORPINGTON HOSPITAL

House Surgeon with Dental:
—
3 *months*
House Surgeon with E.N.T.
—
3 *months*
House Surgeon with Orthopaedics to Mr. Boxall and Mr. Lam:
Mr. C. J. Bennett
3 *months*
House Surgeon with Gynaecology:
Mr. A. J. Shellim
3 *months*
House Surgeon to Mr. Walker-Brash and Mr. Lam:
—
3 *months*

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy:
Mr. P. Mathews
3 *months*
Mr. J. D. Mackay
6 *months*
House Physicians to Dr. Miller and Dr. King:
Mr. S. R. D. Coles
3 *months*
Mr. J. S. N. Anderson
6 *months*

ST. HELEN'S, HASTINGS

House Physicians:
Mr. G. C. Taylor
3 *months*
Mr. P. Skinner
6 *months*

ST. NICHOLAS HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott:
Mr. G. Peters
3 *months*

P. J. HELLIWELL,
Superintendent.

CHANGES OF ADDRESS

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BIRTHS

FAREBROTHER—On 7th February, 1972, to Ann (née Fox) and Martin Farebrother, a daughter, Joanna Elizabeth.

MACE—To Frances (née Meikle) and Martin, a son (Alasdair Day) on 7th February, 1972.

PERSONAL

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GUY'S HOSPITAL GAZETTE

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SPORTS CORRESPONDENT R. W. BURNS
NURSING CORRESPONDENT Miss P. M. JEFFERIES
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FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2183

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Contempt of God's Good Gifts

Cigarettes expose people at their weakest, ficklest, keenest to exploit and stupidest. It is about a year now since the Royal College of Physicians' Report which further condemned cigarette tobacco for its noxious effects on the body. Smokers everywhere rushed around for a miserable few weeks telling everyone that they had reduced their consumption. City share prices fell. Unsurprisingly one of the major tobacco companies has recently announced that its sales are back almost to their previous level. The sole difference is that more filtered cigarettes are being smoked. Conscience has been gulled by a filter tip.

Soon people will renew their vigour and lobby the executive to ban the manufacture and sale of cigarette tobacco. Cynics say that no Government could afford to eschew a huge tax revenue, classically measured in terms of whole defence budgets. Such indirect taxation could, however, be shifted on to other things so that is probably not the reason why the government will not legislate as requested. It is difficult to imagine that such laws could be enforced; one thinks back to the problems of the unsuccessful attempts to prohibit the sale of alcohol in the United States of America.

Little can be said in defence of smoking. One advertising man recently conjectured that if less people smoked there would be more frustration which would show itself as violence and sexual offences against, for example, young girls. It seems unlikely. The pleasure from nicotine would seem to be overwhelmingly less seductive than the pleasure of good health.

What can be done to dissuade people from this vice? No one can now claim to be unaware of the association between cigarettes and chronic lung disease and heart disease. Smokers are silly to endanger their own health, and irresponsible to their family to shorten

their own lives. It has also been said they are irresponsible to the community to need expensive treatment in an avoidable condition. That criticism seems to carry the implication, however, that there are some ill people who are morally more worthy of treatment than others, and in these days of cost efficiency that is dangerous ground.

There is nothing to be done The danger must be kept in the public's mind, but that mind will always remain wayward and irresponsible.

Springtime in London

Dr. Johnson said : "The man who is tired of London is tired of life." The problem is, of course, that there is no way of living in London without becoming very, very tired of both. My personal record is about a week. I live in London for about seven days and manage to walk with a smile on my face, breathing in the invigorating diesel fumes, enjoying the grubby crush of the Underground, the healthy flow of drizzle and pigeon detritus from the skies, the springy feel of soot-covered concrete garnished with cigarette butts and phlegm underfoot, but after that period my smile becomes a little forced. My umbrella begins to jab back of its own accord and I lose interest in the front page of the newspapers. After one week then, it is time to get out.

Sometimes I flee to the suburban simplicities of Dollis Hill; sometimes I stay in my bath for 48 hours playing my ukelele with a flower in my hair and imagine myself in Tahiti. However, there comes a time when even these amusements begin to pall (anyway, a 48-hour bath tends to leave me looking like an albino prune). What am I to do then?

The obvious solution is to empty my post office account, sell my Imperial Russian Railway shares and head South. Or East. Or North. Or anywhere. Unfortunately, this solution is far from perfect because the problem with London is that it follows you around. No sooner am I ensconced in a side-walk café in Vichy-la-Poitrine, than my postman sits down next to me reading the Continental Edition of the *Daily Mail.* Appalled, I flee to San Francisco. But who is this bearded speed-freak pan-handling down Haight-Ashbury? It can't be, but it is—that lady who stood on my foot in Harrods, dying to tell me in her clear Kensington tones of the extraordinary operation that has changed her life. There is no escape from London.

The best way to survive London is to retreat from time to time to a small warm room with a monstrously depressing book (I recommend Crime and Punishment or Gissing's New Grub Street). The effect is just the same as that of a holiday and infinitely cheaper : one becomes positively relieved that London carries on in its own sweet, malodorous way and one's cheerful morning smile becomes as natural and expansive as a property developer's bank balance.

NEWS IN BRIEF

School Scholarships and Exhibitions

The School Governors have decided that the School's Scholarships and Exhibitions should be extended for an extra year in the case of medical students, and an extra two years in the case of dental students, where the Scholar or Exhibitioner takes an Intercalated B.Sc. Degree course with the School Council's approval.

Visiting Hours at Guy's

The Governors have agreed that relatives and friends may visit patients at any time between 3 p.m.-8 p.m. each day. This arrangement came into being on 1st March, 1972, for a trial period.

Relaxation of the restricted visiting hours will help those who find these times inconvenient. A flow of visitors throughout the afternoon and early evening will prevent the congestion that tends to occur at present in lifts and parking areas.

Visitors are being asked to help ward staff by not visiting during supper times and while Doctors' rounds are in progress. The exception to this rule will be New Cross Hospital. Visitors are also being asked to restrict their visits to half an hour and not to have more than two people visiting any one patient at a time. The amount of visiting appropriate for a patient will depend upon a number of factors and the ward nursing staff should continue to use their discretion in restricting the number and length of visits.

Open visiting has existed for some time on the children's wards; subject to the discretion of the medical and nursing staff, this will continue as before.

Appointment of Principal Nursing Officer

Miss M. P. Cooke was recently appointed Principal Nursing Officer in the newly created General Nursing Division based on the Group Hospitals. She previously held the post of Superintendent of Nursing at St. Olave's Hospital. In her new post Miss Cooke will be responsible for integrating the nursing services in these units and will carry considerable responsibility for the staff providing that service. With the two other Principal Nursing Officers already appointed, Miss Cooke will be working with, or advising, the Chief Nursing Officer on the formation of Group and Divisional nursing policies.

The implementation of the Salmon Structure for Senior Nursing Staff is now proceeding rapidly and it is hoped that all senior nursing officers will be in post by the end of April.

Medical Education

On Saturday, 5th February, the Medical Education Committee organised a coffee morning for Professor McColl to meet the students. About 20 students were present and the following topics were discussed :—

1. White coats. A student pointed out that laundering white coats every 10 days was insufficient, and Professor McColl agreed to look into the possibility of more frequent laundry, paid for by the hospital, especially since he changed his own white coat every day.

2. Name badges. It was generally agreed that these were a good idea and that the system should be standardised so that nurses and patients could differentiate between students, housemen, etc. It was suggested that a colour code or statement of rank be used, and also that students should receive their badges when they started clinical from the medical school office.

3. Casualty. Professor McColl said that this was now run under the department of surgery and a senior lecturer was present in Casualty and was responsible for teaching the students.

4. Professor McColl wanted to see more social intercourse between students and staff and said he was making inquiries about a communal common room in theatres.

5. The subject of "moral" tutors was brought up and it was generally agreed that this system was a good thing, providing that both staff and students took it seriously.

6. Conjoint. Professor McColl is not in favour of students taking conjoint before M.B., B.S. finals, and it interfered with ward work in the final year.

7. Sign-ups. This subject came up yet again and a committee of student representatives and staff has already been set up to look into the problems of this system.

8. Multi-choice Examinations. The question was raised of how many exams and when they should be held. The committeee members agreed to enquire about the opinions of their fellow students. The following were suggested :—

One at the end of the firm,

One at the beginning and end of the firm,

One at the beginning, middle and end of the firm; or

One at the middle and end of the firm.

We would like to thank Professor McColl for his time, and to say that there will be future meetings of this kind at which Professor McColl is anxious to hear student opinions on their education.

Medical Education Committee.

THE NAVY IS OFFERING TWENTY-FIVE MEDICAL CADETSHIPS THIS YEAR. ONE COULD BE YOURS.

To be in the running, you must have your 2nd M.B. behind you.

After that, we'll want to be sure you are suited to be a medical officer in the Royal Navy.

For it's a unique way of life.

Serving with the Navy at sea, you'd have absolute responsibility for the health of all on board—and possibly in other ships as well. Alternatively, in Naval hospitals at home and abroad, you'd be caring for Service men and women—and their families.

Wherever you are, you'd be part of a team. Finding new interests—meeting new problems—seeing new faces. For as well as being a doctor you'd be a naval officer—with the travel, the satisfaction and the full rewarding life that every naval officer enjoys.

Of course all this happens after your registration. In the first place, to qualify for a medical cadetship, you must pass your second M.B., or equivalent. After that you must be selected, following a Board interview.

Then while still at medical school, you are just like any other student. Except that we pay your fees and give you a guaranteed salary of £1,814 a year in the rank of Surgeon Sub-Lieutenant.

When you qualify you can spend your pre-registration year either at your hospital or one of ours.

After which we promote you to Surgeon Lieutenant, your pay goes up to £3,395 a year and you begin your short-career commission with us for five years. When you leave us you'll take a lot of useful experience with you —together with a tax-free gratuity of at least £1,400.

As well as 2nd M.B. students, the Navy also enters qualified doctors for a 5-year short-career commission. (Applications should be made during or after pre-registration year.)

Write now to Surgeon-Commander F. M. Kinsman, R.N., (26 AZ), Dept. of the Medical Director-General (Navy), Empress State Bldg., London, S.W.6, and tell him your age and qualifications. In return he'll tell you more about the advantages of applying for a medical cadetship or commission with the Royal Navy.

RN ROYAL NAVY

OBITUARY

Frank Cook, M.B., B.S., B.Sc. F.R.C.S., F.R.C.O.G., Consulting Obstetric Surgeon Emeritus to Guy's Hospital.

Frank and Dick Cook—1970

Frank Cook died on 25th February, 1972, at the age of 83 years. He came to Guy's as a student, took his B.Sc. in physiology with first class honours in 1908 and qualified M.B., B.S. (Lond.) in 1911. After he had held house appointments he gained the F.R.C.S. and became Surgical Registrar and Tutor at Guy's, but he found time also to engage in research and he played a big part in the radiological investigation of the physiology of the alimentary tract that was pioneered at Guy's by A. F. (late Sir Arthur) Hurst. He had already established his reputation as a coming surgeon at the outbreak of war in 1914. He immediately joined the Army and served throughout the first world war as a surgical specialist in the R.A.M.C. in various theatres —particularly in France and in Mesopotamia. He returned to Guy's in 1919 and soon transferred his allegiance to the gynaecological

department as Registrar and Tutor. His interest in research was renewed and holding a Beit Fellowship he investigated the mechanism of urinary secretion in pregnancy and in pregnancy toxaemia. He was elected Hunterian Professor of the Royal College of Surgeons, and in his lectures of 1924 he summarised the results of his most recent work.

In 1925 he was appointed Assistant Obstetric Surgeon to Guy's (Obstetric Surgeon in 1931), and soon afterwards was elected to the consultant staff of the Chelsea Hospital for Women. He was a prominent member of the Gynaecological Club, a Foundation Member of the Royal College of Obstetricians and Gynaecologists (F.R.C.O.G., 1931), one of the "Ten Teachers" of text-book fame, and an examiner for the Colleges and for various universities—remembered by countless candidates for the happy informality with which he put them at their ease in the "viva voce" examination. His recreations covered a wide range from horse racing to aeronautics, and as if this were not enough, he and his wife entertained their friends with never ending hospitality. His surgical skill and judgment brought him an expanding practice on top of his hospital work.

But this full life changed suddenly with the second world war. Older in years, but still as vigorous as ever in mind and body, he joined the Army again and served as Colonel in the R.A.M.C. from 1940-1945, for much of the time in command of a military hospital in India; his great qualities made him a most successful commanding officer and administrator.

He came home to Guy's in 1945 and quickly resumed his busy clinical life. He played a big part in the planning of the post-war changes in medical practice. He was elected to the Council of the Royal College of Obstetricians and Gynaecologists in 1956, and he added to his clinical work with his appointment as Consulting Gynaecologist to Queen Alexandra's Military Hospital, Millbank. Throughout his life he encouraged younger men and welcomed new ideas. He was, for example, one of the first to realise the importance of the rapidly expanding science of endocrinology, and his encouragement of those younger men who worked in this special field played a big part in establishing the importance it has now attained.

When he retired from active practice in 1958 he was persuaded to accept the office of Dean to the Institute of Obstetrics and Gynaecology of the Post-Graduate Federation; there, among old friends, he continued for some years to make life easier for everyone.

When he died he still held the honourable title of Consulting Surgeon Emeritus to Guy's, so that he had served the hospital for 65 years, and—apart from two world wars—he had served continuously.

Frank Cook brought lustre to Guy's because he was so widely known outside Guy's. He was universally respected as a wise and skilful gynaecologist, and trusted as a man. Many a Guy's man has been welcomed in strange surroundings merely because he was known to be a friend of Frank Cook.

In the *Gazette* it is perhaps better to think of his work with Guy's men and women at their own hospital. His quick brain and scientific training shone through his habitual modesty about his

own achievements. He was the most "unpompous" of men; he could, if necessary, deflate the pompous but always with a happy informality and lightness of touch. He talked to his Borough patients with the same courtesy and jaunty cheerfulness that he used when he addressed his other friends. He enjoyed humanity, and although he preferred intelligent people, he could suffer fools gladly. For all these reasons he was essentially a "clubable" man. Living as he did in the environment of Guy's he found life filled with interest. But it is not possible to think of him in his Guy's life unless we think also of his wife—Dick. Frank and Dick were the perfect complement, and Guy's was the chief beneficiary of this happy combination. Those who knew the wonderful friendship and generosity of Frank and Dick Cook over the years will remember a great friend and a great Guy's man. Those who are too young to have known him must be told of one of the great things of which their youth has deprived them. They ought to know about him—his youthfulness and his love of youth.

G.F.G.

GUY'S DIARY

MARCH

13	M	1.00	Clinical Lecture. Mr. SALMON. "More About Exudative Otitis Media."
14	Tu	1.00	Clinical Lecture. Dr. GRAHAME. "Rheumatoid Arthritis as the Patient Sees It."
16	Th	1.00	Clinical Lecture. Dr. SCOTT. "Asthma."
17	F	9.00	Immunology in Relation to Clinical Medicine. Prof. I. ROITT. "Auto-immunity."
		1.00	Clinical Lecture. Prof. TROUNCE. "The Management of Hodgkin's Disease."
		2.15	Combined Round. Dr. MORRIS will present the round.
20	M	1.00	Clinical Lecture. Mr. RANDALL. "Abdominal Trauma".
21	Tu	1.00	Clinical Lecture. Mr. BEARD. "Scrotal Swellings."
23	Th	1.00	Clinical Lecture. Dr. JOINER. "Carcinoma of Bronchus, including Nerves, Muscles and Neuromuscular Junctions."
24	F	9.00	Immunology in relation to Clinical Medicine. Prof. L. BRENT. "The Homograft Reaction."

STUDENTS' CLUB

Dates for Clinical Medical Students' Elections and for the A.G.M.

Thursday, 16th March.—Notice of elections of Clinical Medical Student Representatives.

Thursday, 30th March.—Closing date for nominations (14 days after notice).

Friday, 14th April.—Election of Clinical Medical Student Representatives.

Friday, 14th April.—Notice of election of Student President.

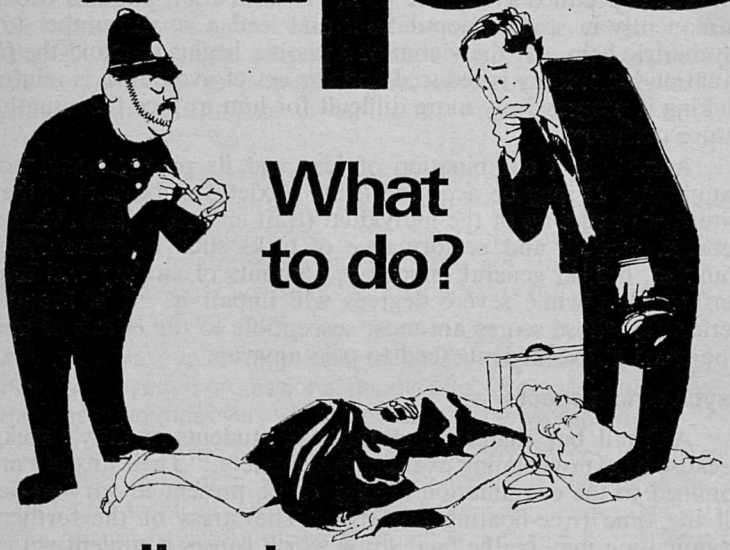
Monday, 28th February.—Notice of A.G.M.

Friday, 21st April.—Closing date for nominations for Student President.

Friday, 28th April.—Election of Student President.

Friday, 5th May.—Annual General Meeting.

mps



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Clinical Notes on Examination Anxiety

Kevin Standage, Department of Psychological Medicine

In modern usage the term "phobia" describes a state of pathological anxiety related to a particular object or situation, and tending to produce avoidance of it. Examination phobias occur not infrequently in student populations and lead a small number to seek psychiatric help. If the victim of a phobia begins to avoid the feared situation his anxiety is reduced and the act of avoidance is reinforced, making it progressively more difficult for him to face the situation on future occasions.

Anxiety is a combination of fear and its psychological accompaniments. It may be acquired (state anxiety) or be part of the constitutional make-up of the individual (trait anxiety). The relationship between anxiety and performance of tasks such as examinations is complex, but, in general, moderate amounts of anxiety will improve performance, while severe degrees will impair it. It is the average performer whose scores are most susceptible to the effects of anxiety, The more gifted students tend to pass anyway.

Psychiatric aspects

A small but significant number of students at Guy's seek help because of overwhelming examination anxiety. Their anxiety may be confined to the examination setting, or be present in varying degrees all the time (free-floating anxiety). The stress of the forthcoming examination may be the final straw which causes a student with long-standing difficulties to crack temporarily and develop a more typical psychoneurosis.

Symptoms and signs are those of an anxiety state (fear, panic, trembling, sleep disturbance, sweating, tachycardia, etc.). Other psychiatric abnormalities are rarely in evidence, though emotional lability or depression are sometimes observed. The subject may complain of obsessional fears, e.g. of vomiting, fainting or some form of loss of control during the examination.

Self-management

Most students are able to tolerate a moderate degree of anxiety if they know that it is self-limiting. A few may even derive pleasure from it.

The student with a high level of trait or state anxiety should know how to study efficiently so as to bring him to his peak of preparation. There is enormous individual variation, and most people learn which methods suit them best by trial and error. It is impor-

You can have it both ways

Like most students, you probably have little money to spare. You would save if you could afford it. Perhaps you'd even take out life assurance. And you're certainly interested in a good long-term investment which is flexible enough to meet your changing needs and resources.

Our Both Ways policy is your answer. Life assurance now at a price you can afford, while you are young and fit enough to be sure of getting it on favourable terms. Guaranteed options to convert to an attractive tax-free investment when you are ready for it. Tax relief on your savings. Specially favourable rates for women with valuable options on marriage.

This policy is our all-time best seller. Thousands of students, graduates and young professional people effect Both Ways policies for millions of pounds every year. They can't all be wrong.

If you haven't heard of us, ask your broker. He'll tell you we have an unrivalled reputation for investment expertise. We have no shareholders, so all our profits belong to our with-profits policy holders. And we have a full range of attractive contracts, so that your life assurance and your investments can grow with you.

The Scottish Widows' Fund

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tant not to practice bad habits, so it is surprising that so little of the undergraduate curriculum is devoted to teaching students how to learn.

Simple techniques of anxiety reduction, e.g. yoga, meditation, or autogenic relaxation can be learned. Sedatives or stimulants should only be used under medical supervision. An occasional evening of social drinking is a useful outlet for tension, but regular use of alcohol as a sedative is to be discouraged. Apart from the possibility of future dependence, alcohol interferes with the normal sleep pattern, and with intellectual and motor abilities well into the following day.

The support of friends and colleagues is of the greatest importance. Students with severe examination anxiety often seem to be isolated. A suitably tactful discussion with a friend who appears to be suffering may help bring the problem to light so that assistance can be offered. Tutors can help anticipate difficulties, and should try to ensure that their students are studying efficiently. Occasionally the delicate question of postponement may need to be considered, but it should be remembered that avoidance may reinforce phobic symptoms.

Medical and Psychiatric Management

Sedatives

Simple sedatives such as the benzodiazepines (diazepam 2 – 5 mg; chlordiazepoxide 5 – 10 mg) or low-dosage phenothiazines (trifluoperazine 1 mg; perphenazine 2 – 4 mg) are sometimes helpful. Students are peculiarly susceptible to drug effects and it is important to become familiar with the particular drug being tried well before the date of the examination. The temptation to take a larger dose on the evening before, or the actual day, should probably be avoided.

More complicated measures such as mono-amine oxidase inhibitors should only be introduced under psychiatric supervision. Tricyclic anti-depressants are not usually needed.

Psychological treatments

Training in autogenic relaxation may be of great value. The subject learns to concentrate on muscular responses and sensations to bring about a state of voluntary muscular relaxation which is conducive to calmness. The exercises should not be practiced until they are performed properly under supervision, but should then be used at least four times a day. Good subjects can even learn to induce relaxation in the feared situation (examination hall). Desensitisation of the actual phobia can be attempted by the preparation of a hierarchy of examination scenes, which are rehearsed in imagery, or by practice, when the subject is relaxed. Such a course of treatment needs to commence at least three months in advance.

Psychotherapy

Formal psychotherapy at the stage of impending examination stress is to be strictly avoided. Subjects should be encouraged to rely on their most suitable defences for dealing with threatening situations.

Psychotherapy is occasionally necessary after the examination has finished to help prevent recurrence.

According to "crisis" theory, a period of life stress may release a repertoire of responses both adaptive and maladaptive. If the crisis is correctly managed the individual will emerge with their resources for coping with stress enhanced by the experience. Subjects are enabled to discover and develop such resources with the support and guidance of the therapist. Immediate availability of help if the student collapses is probably more important than a series of planned appointments. If the subject at risk can be identified in advance a suitable contact can be established with a therapist, who should be available as much as possible on a free access basis during the period of the examination.

Victims should be discouraged from rushing out of the examination if possible; if anxiety is contained on the spot it usually disperses. Occasionally, however, the student will have to be removed for first-aid. As with military casualties, prompt treatment at the front followed by a speedy return to active service will help prevent chronicity.

Additional Reading

A number of references to original studies can be found in the chapter on the psychology of anxiety in "Clinical Anxiety" by Lader and Marks, Heinemann, 1971. Simple accounts of theories of remembering and learning can be found in "Psychology in Relation to Medicine" by Mowbray and Roger, Livingstone, 1970; and in "Psychology" by F. R. C. Carson, Newness, 1965 (paperback). The clinical applications of crisis theory are admirably set out by Brandon (1970) in the British Journal of Psychiatry, 117, 541 pp. 627-633.

NOTICES

SOUTH WALES & MONMOUTHSHIRE GUY'S HOSPITAL SOCIETY

Chairman : Mr. Morwent Brown.

Hon. Sec.: Dr. Anthony Thomas, The Woodlands, Cwrt-yr-ala Road, Cardiff, CF5 5QS. Cardiff 591469.

The twenty-first annual dinner of this Society will be held on Saturday, 25th March, 1972, at the Park Hotel, Cardiff, 7.00 for 7.45 p.m. All Guy's men and women are welcome as in former years. Tickets for the Dinner are £3.00 and for annual Membership 50p. The President this year is Mr. Edward James, Llanelli and the guests from Guy's include Professor Emslie and Professor Rowe of the Dental School. It would facilitate arrangements if all those intending to be present would send their remittances, payable to the Society by Wednesday, 22nd March, 1972.

GUY'S HOSPITAL STUDENTS' CLUB

The undermentioned have been elected representatives of their Groups to serve on the Students' Club Council for the year 1972-73 :

1st Year Medical Students.—Miss S. A. Tootell.

2nd Year Students.—A. D. Mayer, Miss H. M. J. Volk.

3rd Year Medical Students.—A. J. Nicholls, T. J. Goulder.

Clinical Medical Students : 1st Year, 2nd and Subsequent Years.—Not sufficient votes.

Hostels Representative.—C. R. Gilbert.

1st Year Dental Students.—S. D. B. Taylor.

2nd Year Dental Students.—C. M. Abrahamson, C. P. Stuart-Bennett.

Cinical Dental Students : 1st Year.—P. G. M. Rowntree, T. B. Barnes.

2nd and Subsequent Years.—N. P. C. Matthews, S. M. Milner, L. J. Read, R. J. Robinson.

A Ballot was held for representatives of the Clinical Medical Students on 24th February and again on 29th February, but insufficient votes were cast and fresh nominations are now being called and a fresh election will be held for this group on **Friday, 14th April.**

The election for Student President will follow, on **Friday, 28th April,** and the date of the Annual General Meeting has been changed from 14th March to **Friday, 5th May,** at 12.30 p.m. in the Physics Lecture Theatre.

GUY'S HOSPITAL THEATRE CLUB

presents

Under Milk Wood—A Play for Voices

From 20th–24th March

Tickets will be available in the Colonnade in the preceding week.

R. H. Hughes

R. E. Smith

One of the features of Guy's is that often generations of the same family have been trained at the hospital. My generation honour the name of E. C. Hughes, popularly known as Joey, whose son was also educated at Guy's. Perhaps it is not generally known that Joey's father was also a Guy's man. It is interesting to look back 100 years and compare the forms of application which doctors had to make in order to get a post. R. H. Hughes was a scholar of Jesus College, Cambridge, and was placed in the Senior Optimes in the list of honours at the Bachelor of Arts Commencement, 25th January, 1868. His father, the Rev. Henry Hughes, was Rector of All Saints, Gordon Square, and died in December, 1852, and for his memorial service a special hymn was composed, the last two lines of the first verse being:

"The working Friend of Ragged Schools,
Has ceased to ply his skilful tools."

This was sold for the modest sum of threepence and the proceeds applied to the support of the reading room and dormitory in Phillip's Gardens which had been "Established for improving the moral and religious character of the labouring classes and a refuge for those lads who, wishing to commence life anew, find it utterly impossible without an aid of this kind, to separate themselves from their former evil associates."

R. H. Hughes, on leaving London, went into general practice in Plymouth and in 1874 applied to get on the staff of the local hospital. Below is his application:—

"My Lord and Gentlemen,

I beg to offer myself as a Candidate for the appointment of Assistant Surgeon to the South Devon and East Cornwall Hospital.

"I received my medical Education at the University of Cambridge and Guy's Hospital. At the former I won an Open Scholarship in Mathematics at Jesus College, and obtained my B.A. degree in the Mathematical Tripos, being 3rd Senior Optime.

"After completing my Medical terms at Cambridge I proceeded to Guy's Hospital, where I afterwards had the care of the Ward for the Diseases of Women, and the charge of the Outdoor Maternity Department. On leaving I was offered the post of House Physician, but was unable to accept it.

"I have always devoted great attention to the Diseases of Children, and gained much experience at the Great Ormond Street and Evelina Hospitals for Children. At the former I acted temporarily on the Medical Staff at the request of the Committee, and received a letter of thanks for my services.

"Since I commenced practice in Plymouth, in 1874, I have availed myself of every opportunity of performing surgical operations, and have so done most of the major and more important ones.

"I beg to enclose copies of Six Testimonials, received at or about the time of leaving Guy's Hospital.

"Should I have the honour of being elected, it will be my endeavour to carry out the duties of the office to the satisfaction of the Committee.

"I am, my Lord and Gentlemen,

Your obedient Servant,

R. H. HUGHES,

M.A., M.B., Cantab., M.R.C.S.E.
Late Scholar of Jesus College, Cambridge."

This gives a good account of what he did between leaving Cambridge and applying for this post. In those days it was necessary to send six testimonials; physicians and surgeons in those days were very diligent in their composition and furthermore show how scattered they were throughout London. A selection of these are printed below:—

11 St. Thomas Street, Southwark, S.E.

24th November, 1874.

"I have great pleasure in bearing testimony to the very high professional attainments of my friend, Dr. Hughes. At Guy's Hospital, where he studied for some years, Dr. Hughes was very well known to me; and I had many opportunities of observing his skill, and the interest which he took in the cases that came under his care in the several responsible clinical offices that he held under myself and other members of the medical staff. I should be very glad to hear that Dr. Hughes was a candidate for any public appointment in the town where he intends to practise, as I am sure he only needs opportunities to display his talent and energy.

C. HILTON FAGGE, M.D., F.R.C.P.,
Senior Assistant Physician and Demonstrator of Pathology
at Guy's Hospital."

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70 Brook Street, Grosvenor Square, W.,

23rd November, 1874.

"I have great pleasure in bearing my testimony to the talents and high professional attainments of Dr. Hughes. For several years he studied at Guy's and by his observations and careful attention in the wards he acquired much practical knowledge and experience. For several months Dr. Hughes acted as clerk in my wards to my entire satisfaction. He is an accomplished medical practitioner, and I can with confidence recommend him to the governors of any public institution.

S. O. HABERSHON, M.D., Lond., F.R.C.P.
Senior Physician and Lecturer on Medicine at Guy's Hospital."

82 Brook Street, Grosvenor Square, W.

18th November, 1874.

"I have much pleasure in stating that I know Mr. R. H. Hughes very well. I have had the satisfaction of watching his progress during his prolonged studentship, now sometime since concluded, at Guy's Hospital. My especial knowledge of Mr. Hughes has been derived from his intimate associations with me during the period when he acted as my dresser. I have no hesitation in stating that his whole course was in the highest degree creditable to him, and that the manner in which he fulfilled his duties when acting as my dresser was in every respect most eminently satisfactory. I know him to be a gentleman of very considerable ability, high professional attainments, and of considerable experience. And as such I can recommend him with the most complete confidence as worthy to be elected to the office for which I understand he is at present a candidate. I feel sure that he will conscientiously and ably devote himself to the discharge of the duties that will devolve upon him if he should be successful.

ARTHUR E. DURHAM,

Surgeon and Lecturer on Antomy at Guy's Hospital."

References were also given by Thomas Bryant, F.R.C.S., Surgeon to Guy's Hospital; W. Moran, M.D., F.R.C.P., Physician to Guy's Hospital; and H. G. Howse, M.S., Lond., F.R.C.S., Senior Assistant Surgeon and Lecturer in Anatomy at Guy's Hospital, Surgeon to the *Evelina Sick Children's Hospital.*

R. H. Hughes' medical colleague was Dr. Fox, which has a plaque in the hospital which states:—

DR. E. L. FOX,

Honorary Physician to this Hospital.

In 1892 he was the first to record the successful result of giving thyroid extract by mouth to a patient with myxoedema. From this discovery developed the recognised treatment for thyroid deficiency.

Historians would disagree with this in that George Murray's work at Newcastle initiated appropriate treatment.

R. H. Hughes had five sons and three daughters. The eldest was a student at Guy's and was killed in the Boer War as a field dresser. The second was Ernest, as he was always known to his family. Others mostly entered the Army or married Army officers.

On his retirement he went to Whitchurch, near Tavistock, and died at the age of 84.

I am indebted to his youngest son, Colonel A. S. R. Hughes, of Leamington, for this information.

NURSING SECTION

The Standards of Nursing

Much publicity has recently been given to the fact that nurses, as a result of the introduction of the Salmon Structure, have abandoned their work in the wards in order to progress. This in many instances has been a decision made under pressure and not spontaneously.

However, after several years of stern criticism, it has apparently been realised by those whose task it is to lead nurses that a grave mistake had been made. Unfortunately, the warnings of those who had the ability to foresee this were unheeded, and now one can only wonder if the proverbial horse has not bolted.

Everyone is aware that nursing standards have fallen and are continuing to fall dramatically. However, when this concern is voiced, the invariable reply is that once the new type of administration has become organised everything will improve. There has to date been no outward and visible sign of any improvements at all. Senior Staff are frequently very inexperienced, and have no means of obtaining help and advice. The senior nurses who in theory are to provide the support have, in many instances, even gone so far as to desert the hospital service completely.

Thus it can only be concluded that efforts to rescue the system will prove unsuccessful.

Is there then any way in which the situation can be improved, and nurses encouraged to remain in the place that they are most needed?

In the first instance there is the oft repeated suggestion that Ward Sisters should be awarded a much higher financial status. This would encourage those—and there are many of them—who really have no wish to rise to greater heights.

In addition to this, in order to obtain more senior nurses in the wards, it might be possible to alter certain traditional concepts.

Firstly, if the position of the ward sister were improved it would be possible to allow those who had left the clinical field to return for periods in order to keep in touch with clinical advances. Tutors, for instance, having spent two years away from hospitals would surely value a period of clinical work on their return. So also should the administrators. These people would be of great value, as they have more knowledge to impart. It would seem that the present rate of vacancies would after all provide sufficient opportunities. Moreover, if midwives have to fulfil certain clinical obligations in order to retain their place on the register, why should not this be so in other cases?

The inauguration of such ideas would no doubt receive much adverse criticism, but as well as keeping nurses conversant with clinical work it might also improve relationships between the various groups. In addition, it might be just possible that with more experienced nurses working with the patients, standards could conceivably improve.

CORRESPONDENCE

BIENNIAL DINNER, 1972

Preliminary Notice

SIR,—The next Biennial Dinner will be held at the Connaught Rooms, Great Queen Street, Kingsway, W.C 2, on Friday, 6th October, 1972, and Mr. R. J. Cann has kindly agreed to act as Chairman. All qualified Guy's Medical and Dental men and women are invited but it is not possible to include guests who are not Guy's graduates.

A Clinical Meeting of general interest is being arranged for the afternoon of that day.

Further details will be made known by circular and in the *Gazette* in July.

NOEL GLOVER
Honorary Secretary, Biennial Dinner.

Guy's Hospital,
London, SE1 9RT

Sensory Deprivation

SIR,—With reference to the article on sensory deprivation, I would like to state the following facts which bear relevance to the experiments.

1. The subjects were, what you might call, "Westernised Pleasure Seekers" and in so being would continue their habitual tendencies to find pleasure or stimulation when deprived of stimulation.

2. "Western Man" has always made a point of identifying himself by knowing his relationship with the environment. A man who believes himself to be artistic will surround his walls (of his mind) with pictures and by doing so establishes his identity. Should such a man be plunged into a sensory void, his only method of maintaining his identity (which "Western Man" has been taught to acknowledge for social reasons) would be through his mind or memory. Such people would begin to review their lives, the experimental situation, and then their imagination. The imagination becomes the only reality at that moment, for their true reality of the environment has been taken from them. The brain begins to play with itself in much the same way that a child toys with its imagination. There's one big difference, the adults have more experiences, more emotions and a developed thought language to play around with. It plays with images, sounds, tastes, feelings (emotional and somatic) with no reality-bearings and a confusion of timeless internal stimuli results. Modern man is preoccupied with watches and signposts to keep his external, maybe false, identity. Remove them, and confusion and a loss of ego-identity eventually results. The ego stripped of its benefactor is left alone to argue with itself. A vicious circle of internal conflict. I suggest experiments be done with children or buddhist monks and see how they react to sensory deprivation.

3. The average "Western" human being is on a very low plane of somatic and perceptual awareness and should he be raised to a higher plane, he would conceive of it being an unnatural state to be in and so fear it. What you see around you is an established conception based on self-preservation formulated by evolutionary survival factors. It is a level of safety and optimum functional existence in a hostile environment. Rather like a survival filter. That filter can be broken by mind-expanding drugs such as L.S.D. or sensory deprivation both resulting in similar experiences. The human being is a very complex energy machine and awareness of such can be achieved by yogis, meditation, L.S.D. and external sensory deprivation. As to whether any of such conciousness-raised people would be capable of defending themselves from a soldier with a gun or a flesh-seeking carnivore is another matter worth investigating.

Yours sincerely,

E. J. GAVIN

East Wing,
Guy's Hospital.

Medical Students in the Royal Naval Reserve

SIR,—In their clinical years, medical students are often advised to take up outside activities away from medicine. This is hard to do with the twin shortages of time and money. Not many pursuits of an extra-medical nature are tailored for the clinical students, but may I, through your columns, draw your readers' attention to one that is?

Each year the Medical Branch of the Royal Naval Reserve can accept a small number of medical students as Surgeon Sub-Lieutenants. This is not the Royal Navy but a Reserve made up of men and women who have an interest in Naval affairs but who have a wide variety of jobs in civilian life, being a voluntary organisation orientated more to the specialist activities of the Navy than its disciplinary side. The medical sudent who is accepted will be a uniformed member of the London Division with an opportunity to learn about seamanship, navigation and many other aspects of the Navy at no cost. He can sail, shoot and have two weeks well paid holiday (training) each year with the Navy. The other commitments are weekday evenings held about fortnightly in London; the man who joins will be in the congenial company of about six hundred men and women with similar interests.

After qualifying, if he wishes, he may become a Surgeon Lieutenant and continue his association with the Navy for many years, being promoted in rank according to his ability. For example, I have just returned from two weeks with the Commandos in the Arctic circle, having spent the last two training periods respectively in a naval air station where there was a lot of gliding and in Gibraltar at the Naval Hospital. None of these occasions cost me anything and provided an interesting change away from my normal medical work.

The Royal Naval Reserve is a group of people who enjoy associating with the Royal Navy and are prepared to help if a National Emergency demands. We hope in the late Spring to hold an evening for medical students on board H.M.S. PRESIDENT, our headquarters ship, berthed on the Thames by Middle Temple. We will show you a little of what the R.N.R. does and what you, as a member of the Medical Branch, could do. Posters will advertise this event nearer the time and all clinical medical students in their first and second years will be welcome. Should you like to discuss anything about the Royal Naval Reserve before then, I will be glad to meet any students at mutual convenience.

Yours sincerely,

GEOFFREY CHAMBERLAIN, M.D., F.R.C.S., M.R.C.O.G.
Surgeon Commander, R.N.R.

H.M.S. President,
King's Reach,
London, E.C.4.

Rose Ball

SIR,—I should like to express my thanks to all those who contributed so generously to the Tombola at the Rose Ball.

The impressive Tombola stand consisted entirely of prizes which were donated. We raised over £150 and this profit was far greater than we hoped for. Thanks are also due to everyone at the Ball for spending so freely, and helping to make the evening a great success.

Yours etc.,

C. G. LANGDON
Hon. Assistant Secretary,
Clubs' Union.

Medical School,
Guy's Hospital,
London Bridge, S.E.1.

Theatre Club Easter Production

SIR,—I would like to bring to your readers' attention the Theatre Club's production at the end of this term. It will be "Under Milkwood—A play for voices" by Dylan Thomas.

It is to be presented from 20th March — 24th March, in the Physiology Theatre.

Tickets will be available in the colonnade in the preceding week; everyone is warmly welcome.

Yours etc.,

DAVID J. JONES

East Wing,
Guy's Hospital.

Students' Club Council Report

SIR,—The section of the last edition's News in Brief entitled "Students' Club Council Report" contains opinions in addition to its factual content but it remains unsigned. Has Chris Chinery or Dermot Kelleher started preaching or is this the work of another?

I endorse the view that the grant allocated to the Rugby Club is exorbitant and their representation is excessive but I differ over several other points.

The inference is made that on the many councils which govern student affairs the students (no doubt the goodies) are perpetually overwhelmed by the staff (the baddies). In my experience no friction exists as both parties work towards the good of the community. Indeed, we should be grateful that staff take such an interest in student affairs as their experience and influence are often invaluable. Students rarely stay on any committee for more than a few years. The megalomanic call for Student Power, Worker's Control, etc., has often been heard in recent years, usually spurred by political groups of notorious repute but the present quiet after increased student representation on committees is not due to satisfaction at justice obtained. They find committees so utterly boring that they dare not ask for more. I despise the "us" and "them" mentality but to refer to "them" as "the establishment" stinks of anarchy.

It does not seem unreasonable that the student clubs should forward representatives to the council which governs student clubs instead of appealing to the general populace.

The author complains that the Student Club Council has insufficient funds to keep its constituents informed but it does have a large notice-board which is almost invariably empty. I suggest that they take a lead from the Student Medical Education Committee.

Beware of cries for total student automony and alienation of interested staff. Students are so apathetic that student representatives need not be representative.

Yours faithfully,

PAUL HEWISH

East Wing,
Guy's Hospital,

As was clearly explained in the report itself, the entire news item entitled "Students' Club Council Report" was written by members of the Students' Club Council and submitted to us by its President, Lynne Hampson.—The Editors.

Oh, Oh, Oh, What a Lovely Bore

SIR,—One thing I have always dreaded is growing old, and it was very kind of the paternal Dr. Simpson to reassure me on that score; and to think that I had always imagined that "age walks hand in hand with wisdom". Still, age *must* walk hand *in* hand with education I suppose since, at last the name of a certain Casualty Officer has been spelt correctly by the talented Dr. Simpson.

I neither meant nor attempted any "cheap jibes" at the Resident's Play, which I thought was excellent, especially the music. But does it really have such a wide audience?

It was quite correctly assumed by Dr. Simpson that we would have appreciated a "professional" critique for the Christmas Show; perhaps we'll have one next year.

And finally, as for Ken Russell, well, he has no self-control at all, you know.

Yours etc.,

ROGER FARRELL

East Wing,
Guy's Hospital,
London, S.E.1.

This correspondence must end.—The Editors.

BOOK REVIEWS

ESSENTIAL IMMUNOLOGY—Ivan Roitt, 1971, Blackwell's, £1.50.
IMMUNOLOGY FOR UNDERGRADUATES—D. M. Weir, 1971, Churchill Livingstone, 80p.

Both these books have been written for undergraduates in several disciplines, including Medicine, who want a short outline of basic immunology and an appreciation of its relevance to biology and Medicine. Both succeed in this objective which is more than can be said for some other brief books devoted to the same topic. Both are up-to-date and adequately cover the fundamental basis of immunological reactions and such clinically important phenomena as immunity to infections and tumours, hypersensitivity, tissue transplantation and autoimmunity. Dr. Weir's book is somewhat marred by its relatively poor production and paucity of illustrations, and by occasional obscure passages. Professor Roitt's book is by contrast beautifully produced and the numerous clear illustrations provide valuable support to the consistently lucid writing. Either book can be recommended as an introduction to the subject and a useful adjunct to the lectures at Guy's on Clinical Aspects of Immunology.

A DICTIONARY OF IMMUNOLOGY—W. J. Herbert and P. C. Wilkinson, 1971, Blackwell's, £2.25.

This useful and accurately compiled reference book contains definitions of over 1,500 terms currently used in immunology and short descriptions of diseases with immunological features. I doubt whether many students will want to own a copy of this small volume but many an immunological confusion will be conveniently dissipated by consultation of its pages in the library.

S. COHEN

SPORT

RUGBY

GUY'S v. DEVONPORT SERVICES

January 22nd. Won 33—6

It was a fine day, but heavy rain during the preceding week made the pitch rather sticky.

The Services side has not had a memorable season and so it seemed quite likely that Guy's would be able to score the tries that they had threatened during the past games.

Within minutes of commencing Devonport scored an easy try. The Guy's defence had left a frighteningly obvious gap through which the opposing outside half coasted with an incredulous grin. The try was converted but at no other point in the game did Devonport achieve a score.

A little shaken by such a gross error the Guy's players strode back into the play and were soon making all the running.

The Guy's forwards played well. The lines-out and scrummaging have shown a progressive improvement during the season and in both these aspects Guy's were superior.

Burlinson had his finest game to date and his work in the scrum together with a co-ordinated shove enabled Guy's to secure a lot of tight head possession. Stuart played his usually sound game and like any good forward most of his effort was barely apparent. Occasionally he made good breaks which were frustrated because of poor support. This was really a manifestation of the defective rucking. Rarely a successful aspect of Guy's play, this has been particularly so this season. It is not so much lack of technique but more a lack of determination. A little ruthlessness would also help.

The back-row forwards have not established a good defensive record but on this occasion their attacking skills were much in evidence and Rigg gained a try after a high-stepping run.

Croft, nursing a long-standing ankle injury had a quiet game behind the pack. He was frequently caught in possession but this was largely the fault of some ill-controlled feeding from the forwards. The backs had more attacking opportunities than usual and the ball moved sweetly to the wings on several occasions. Barough scored two tries and was unlucky not to have added to his total. Portelly on the other wing had less opportunity but did score one try after showing his speed in a fifty-yard dash. He is likely to prove an asset but at present his inexperience is shown in the odd wild or inappropriate pass.

In the centre Ross proved a welcome addition. Carrying a little surplus weight he made several breaks, dropping his shoulder nicely and invariably taking on an opponent or two before passing. He was partnered by Druett who although less ready to create the breaks did show some spirited running. In an attempt to emulate his fine try against Sidcup he smashed through a knot of opponents and although over the line found it impossible to ground the ball. Following the melee one of the Devonport forwards limped surreptitiously to the touchline where he confided that his injury comprised a laceration situated somewhere below his belt. For a sailor this must have been the bitter end—and a sore one too.

The remaining points came from Ross, and Danford. The latter kicked badly at his first few attempts but suddenly found his form with three penalties and two conversions.

Team: R. Burlinson, T. Gibson, T. Want, S. Challacombe, D. Stuart, H. Holliday, N. Allan, K. Rigg, C. Croft, A. Cook, T. Druett, J. Ross, R. Barough, A. Portelly, M. Danford.

GUY'S v. RUGBY

5th February Lost 20—0

A sticky and well churned pitch was the setting for a rather pedestrian Guy's performance. Having been without a match for a fortnight the hospital players were more than usually slow to appreciate the capabilities of their opponents.

For twenty minutes it was all easy for Guy's. The Rugby side was rarely allowed to settle and hemmed into their own half for most of this time they tried desperately to kick themselves out of trouble.

At this stage the Guy's forwards were more than a match for the Rugby pack and won a lot of possession from every phase of play. Although the tussle ranged close to the Rugby line Guy's failed to produce a single score. There was a lot of bad passing and fumbling amongst the backs and Croft was repeatedly caught behind the scrum before he could clear the ball. Danford failed with four penalty kicks in this same period.

Any side which fails to take advantage of their dominance deserves to lose. This obsession certainly applied to the Guy's performance.

Soon before half-time Rugby scored the first of their five tries. This followed a defensive error that revealed a worrying weakness in the Guy's back-row. After the interval a second try followed a sequence of play which found the same yawning gap in the Guy's defence.

As the afternoon progressed the Guy's forwards gained decreasing possession from lines-out and rucks. Although taking more than a fair share of ball in the scrums, untidy tunnelling resulted in a difficult situation for Croft who has to ward off the constant attention of his opposition.

Whenever the Rugby backs took the ball a try seemed a likely outcome. Their back-row forwards and full back frequently succeeded in extending the line to create an overlap whereas Guy's were never so sharp or imaginative. Such was his frustration that Croft attempted two unlikely long-distance penalty kicks. These gestures were as fruitless as so much of Guy's efforts that afternoon.

Team: R. Burlinson, T. Gibson, T. Want, D. Stuart, S. Challacombe, A. Holliday, N. Allan, R. Massey, C. Croft, A. Cook, D. Jones, T. Druett, R. Barough, J. Price, M. Danford.

ARTISTS v. GOLDSMITHS XV

Lost: 9—27

Creative as ever, the Artists showed excellent form against considerable odds. Power cuts caused transport difficulties for certain members of the team, which led us to kick off with thirteen players. That bleak afternoon saw the Artists instantly take the lead—a penalty kick by C. Langdon followed quickly by a drop goal by B. Armstrong. At that point J. Wynn-Jones left for hospital having collided with teamate B. Whiteside. Now down to twelve, artistic cunning began to ebb as Goldsmiths took the lead. C. Langdon scored with a second penalty goal of some standing and even with the arrival of the last two members the score at half-time was 12—9.

Ever confident the Artists battled on playing rugby of their usual high calibre. Morale was boosted as the opposition captain left the field with a broken index finger. Gallant, nerve-gripping holds by B. McLeod in the set scrums were of little avail as Goldsmiths extended their lead. Much to the surprise of the somewhat moderate crowd the final score ended in a narrow defeat for the Artists.

Team: P. Wheeler, S. Green, M. Rolands, H. Jones, P. Meakins, C. Kichin, B. McLeod, A. Cambell, J. Ramsay, C. Langdon, B. Armstrong, J. Wynn-Jones, B. Whiteside P. Townsend, T. Earnshaw.

P.J.W.

HOCKEY

UNIVERSITY OF LONDON CUP

Wednesday, 9th February.

Guy's played University College in the semi-final of the U.L. Cup, and lost by the narrowest of margins. Unfortunately three of our best players including the goalkeeper, seemed unable to free themselves from dental commitments so that we had to take the field with a considerably weakened side.

In spite of this Guy's put up a fighting performance. After about ten minutes an error in the defence allowed the opposition a shot which was saved on the line with a . . . ? . . A penalty flick was quite correctly awarded and duly converted. One goal down after ten minutes was not the most encouraging state but now the forwards began to work together and Roger Burns at centre forward was looking very dangerous. This pressure soon earned a short corner. The rebound off the goalkeeper should have been put into the net but Paul Wilmer preferred a more acute angle from which to send the ball hurtling past the goalkeeper. Guy's continued to press in the opposition circle and after several excellent shots from Burns and Forber, Burns was able to score the second goal.

No sooner had Guy's established themselves both in midfield and in attack then Robert Forber had the misfortune to collide with an opponent: the injury he sustained to his head required eight stitches and so that left us with ten men. Nevertheless the forwards continued to work hard and it looked as though Guy's could still win with one man short. It was not until well into the second half that a mix-up on the goal-line following a short corner allowed U.C. to score the equaliser. At the end of full time the score was still 2—2.

Extra time (ten minutes each way) was then played. Very soon a clever flick of one of their forwards caused Nick Mathews to save a certain goal with his hand. The penalty flick was converted. A few minutes later a quickly taken push in on the opposition 25-yard line found Richard Fitton unmarked in the centre, he carefully pushed the ball past the goalkeeper to make it 3—3.

When the score was still 3—3 at the end of extra time the matter was settled by penalty flicks. Guy's was unable to produce five players capable of beating the goalkeeper from eight yards. Only Roger Burns succeeded. Two of U.C's flicks beat Hugh Lloyd, who had saved the other three very well.

Although it was disappointing not to be in the final for the fifth successive year it was a well-fought enjoyable match. A very good performance all round.

P.C.

TABLE TENNIS

The Guy's Hospital mixed doubles table tennis tournament saw a rather more restricted entry than usual when it was held in the table tennis room on Friday 11th February, but what it lacked in quantity it made up in quality. An exciting first round saw the departure of Alan Greenwood and Yvonne Moragas at the hands of Steve Willis and Liz Thomas, the reigning champions, the score being 21-18, 21-18. Another notable first round match was played between Anne Messenger and David McPherson and Maggie Sumner and Bob Fell, the former couple winning 21-15, 21-15. In the semi-finals, the surprise of the afternoon came when the reigning champions were beaten by Paul Rydning and Janet Rowell, the score being 21-17, 21-18. The other finalists were Shiraz Merali and Sandra Grant, who beat Anne Messenger and David McPherson with the score at 21-15, 21-17. The final provided some first-class play from both sides, but Paul's steady serving and Janet's powerful, accurate smashes won them the trophy, with the score at 21-19, 21-14. The presentations were made by Steve Willis.

Steve, to everyone's regret, is leaving Guy's to study zoology at the Royal Holloway College in Egham, Surrey. The club is sorry to lose one of its best players and its best organiser, and wishes him all the luck he deserves in his new career.

A.G.

SQUASH RACKETS

CUMBERLAND CUP

The team has enjoyed its most successful season for many years, winning nine out of the ten matches played. At the half-way stage we were in second place and, although we have closed the gap, we have just been unable to catch South Kensington.

However, we still stand an excellent chance of being promoted, if we can beat Bromley S.R.C. in a challenge round, on 7th March.

The reason for our success this season is that we now have a well balanced team for competitive squash. Nicholson and Sharp at 1 and 2 have won nearly all their games and brought some real strength to the team. Collins at 3 is vastly experienced and extremely difficult to beat in match play. Owen at 4 is very fit and determined and has won some very important ties. The 5th place changed throughout the season, but Chris Mackenzie, showing much improved form, played throughout the second series.

Team (with number of matches played): I. Nicholson and R. Sharp (10), P. Collins (9), J. Owen (8), C. Mackenzie (6), E. Evans (3), A. Edwards (2), J. Lewis and T. Reynolds (1).

RESULTS:

	1st Series	2nd Series
vs. South Kensington	Lost 2—3	Won 3—2
vs. North Surrey	Won 5—0	Won 3—2
vs. North Middlesex	Won 3—2	Won 4—1
vs. Metropolitan Police	Won 4—1	Won 5—0
vs. Old Alleynians	Won 3—2	Won 4—1

Singles Tournament

The tournament attracted 43 entrants. It seems to be an established tradition that all tournaments run late and this one has been no exception. However, with a certain amount of cajoling it has been possible to complete the third round.

Four of the eight seeds have failed to survive the 3rd round. Paul Calvert was beaten by hepatitis and Tony Edwards dislocated a shoulder, in the middle of a game! The two surprises were Ian Mackenzie's utter annihilation of Edward Evans and Angus Kingon's win over Terry Reynolds in five games.

Results: Nicholson w/o Yetton; Lewis beat Langdon 3—0; Harrison w/o Calvert; Cook beat Edwards retd. hurt I. Mackenzie beat Evans 3—0; C. Mackenzie beat Ellis 3—1; Kingon beat Reynolds 3—2; Owen beat Boyce 3—0.

E.J.E.

RUGBY

THE EXTRA BEERS XV

Continuing the tradition of an elastic team drawn from a large pool of talented, but non-training rugby players at Guy's, the Extra Beers have been enjoying regular weekend games against some equivalent, irregular sides.

No one can remember a game this season when we have lost by very much, and everyone remembers nearly beating the Old Millhillians 2nd XV on their own ground. A naval side from Portsmouth were rather too well drilled, and Lewisham Hospital had too many ex-Guy's players. However, teams from the teaching hospitals, notably the London Claudicants and the Westminster III's have been overpowered; and so the record, irrelevant though it really is, has been pretty good.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

GUY'S, MAUDSLEY, KING'S COLLEGE HOSPITALS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for appointment as a **Senior Registrar** in Neurosurgery. The appointment will be made jointly by the bodies concerned and will be held alternately at the Guy's, Maudsley and King's College Hospitals Neurosurgical Unit and the Regional Neurosurgery Centre at the Brook Hospital. The appointment will commence in June, 1972 and will be subject to annual renewal.

Applicants should have had Registrar experience in Neurosurgery and should have a higher surgical qualification.

Apply to the House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5 for form of application, returnable by **24th March, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar** in Geriatrics to be made jointly by the Board of Governors of Guy's Hospital and the South East Metropolitan Regional Hospital Board with duties to commence on 10th May, 1972 and appointment until 30th September, 1975, subject, to annual review. The successful candidate will work in the Brighton Group of Hospitals until 30th September, 1972. The fol'owing two years will be spent in the geriatric department of Guy's Hospital based at New Cross Hospital. Previous experience in general medicine of geriatrics and a higher qualification are desirable. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **17th March, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS.

Applications are invited for the appointment of **Locum Registrar** in Psychological Medicine at St. Olave's Hospital to the Guy's Board of Governors for the period 1st April or as soon thereafter as possib'e until 30th September, 1972. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later that **24th March, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS.

Applications are invited for the appointment of **Junior Surgical Registrar** (S.H.O. grade) with duties to commence on 1st April or as soon thereafter as possible until 30th September, 1972. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **24th March, 1972.**

THE NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITAL

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st May, 1972. The Unit which is housed in the Maudsley Hospital serves Guy's, Bethlem Royal Hospital and the Maudsley Hospital and King's College Hospital. Applications giving details of experience and the names of two referees should be made by **24th March, 1972** to House Governor and Secretary, The Maudsley Hospital, Denmark Hill, London, SE5 8AZ.

PASS LIST

CAMBRIDGE UNIVERSITY

D.M.

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DAVIES—On 12th February, 1972 to Clare (née Stannard, M.B., B.S.) and Ivor Davies, a daughter Karen Louise, sister for Hugh.

LANE—To Bob and Mary, a daughter, Sarah Alison on 30th January, 1972, a sister for Jeremy.

MARRIAGE

SEEAR—ABEY-WICKRAMA—Dr. Indrani Abey-Wickrama to Dr. Michael Seear on the 11th March, 1972.

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PAPERS BY GUY'S MEN

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GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2184

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

From their antics it is difficult to believe that there is a serious side to the women who preoccupy themselves with the present weakness of their sex. The heroic invasions of famous bars and pubs, hitherto confined to men, were fun because the conflict was one with boys on one side and girls on the other, which is always so good. The ladies' determination to take such a matter seriously was also not without entertainment. The time when they picketed an all-woman luncheon party, on the grounds that the party was usually exclusively for men, raised the humour of the national news for a whole day.

But we must beware. It is a general rule that when people feel underdeveloped, for whatever reason, they become single-minded and insensitive to anything which bars their progress. The world begins to appear in terms of black and white, good or evil, friend or foe. Arguments on the rôle of women in society now seem to be conducted with the overwhelming zeal seen last when non-conformists introduced their new religion to an autocratic mother church in the fifteenth century. There is a missionary ring to the sermons on how thou shalt love thy woman neighbour as thyself. Such a fixed righteousness, which does not need to listen to the other side, is assuredly not a new phenomenon but it is novel that so many women should hold similar fixed ideas on the same problem. For example, the doctor who refuses to recommend or perform an abortion is considered to be in league with the devil. Since he does not have to have the child it is considered he is in no position to make an independent judgment. It is forgotten that doctors who take such a decision are acting for what they believe to be the good of their patient.

It is the missionary quality which reveals that this search for a promised land of equality of opportunity, for fulfilment, is rather like the search for the Holy Grail, or the flight to the moon. The important point in such activities is the doing, not the end. For once the prize is achieved nobody knows quite what they should do with it. People never attain a state of incorruptibility, while alive at any rate, but they consider it is worth aiming for, regardless of whether they have any clear idea of what to do when there. The American astronauts, once they reached the moon, walked around a bit, waved their arms, did a bit of digging and put up a flag which was very gripping but finally was not conceptually particularly novel. Similarly with young women, they are in a difficult position. Education has taught them aims different from those of their mothers. They do not want to develop into facsimiles of their mothers. Understandably they do not want to be like their fathers. There are precious few women to whom they can look for an example how to live. A precise idea of how to live is not formulated, but it is better to try for it than to belie their intuitions and accept an unfulfilled life.

Dental Dinner

After the Clinical Day, which is reported on page 156, the Dental Society donned its most beautiful attire and assembled at the Park Lane Hotel. Aperitifs were followed by a meal that clearly satisfied all the senses of the many past and present members of the Society who attended. The post-prandial drinks and cigars accompanied a mood of satiety, fertile ground for the speakers. Healthily sanguine about the present and optimistic about the future standing of the Dental School in the dental profession, the speeches reflected the mood of the Society which is dominated by the happy prospect of moving into the new Tower Block.

GUY'S DIARY

MARCH

27 M 1.00 Clinical Lecture. Professor McCOLL.
"Manage or be Managed—An Ultimatum".

28 Tu 1.00 Clinical Lecture. Mr. ROSS.
"Cardiac Surgery".

30 Th 1.00 Clinical Lecture. Dr. KNIGHT.
"Pneumoconiosis".

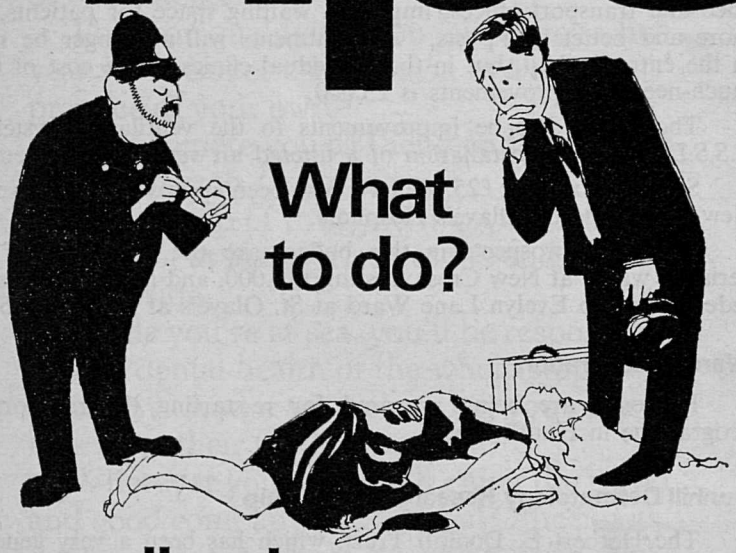
APRIL

6 Th 1.00 Clinical Lecture. Dr. SCOTT.
"Sarcoidosis and Fibrosis".

7 F 9.00 Immunology in Relation to Clinical Medicine.
Professor COHEN. "Mechanism of Immunity".

1.00 Clinical Lecture. Mr. GLOVER.

mps



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NEWS IN BRIEF

Improvement Schemes

The provisional allocation for non-capital building and engineering schemes for Guy's Hospital during 1972/3 is £48,000.

The Governors have approved some schemes already, which include completion of the ward decoration in New Guy's House for £3,100.

The Out-Patients' department will have alterations to the ground floor, which include a general enquiry point, enlarged surgical appliance and transport offices, improved waiting space for patients, and more and better sign-posts. Appointments will no longer be made in the entrance hall, but in the individual clinics. The cost of these much-needed improvements is £5,000.

There will also be improvements to the ventilation system in C.S.S.D. involving installation of a filtered air ventilation system.

Schemes totalling £25,000 have also been approved at the Evelina, New Cross, and St. Olave's Hospitals.

The main prospects in this budget are the upgrading of two geriatric wards at New Cross, costing £10,000, and improvements and redecoration to Evelyn Lane Ward at St. Olave's at a cost of £5,300.

Ward Redecoration

Proposals are being prepared for re-starting the redecoration programme in Hunt's House.

Dunhill Dermatology Research Fellowship

The Herbert E. Dunhill Trust, which has been a very generous benefactor to the School with the sum of £20,000, and a promise of a further £20,000 to follow, is to endow a Fellowship in dermatological research at Guy's. The Trust has also agreed to the proposal of the School Governors to name the new Fellowship the "Dunhill Dermatology Research Fellowship".

News and Articles

The Editorial staff are always pleased to hear from readers who have items for the *Gazette*.

These may vary from short news items for News in Brief, to longer manuscripts for a separate article.

Material should be sent c/o the Editor, *Guys' Gazette*.

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RN ROYAL NAVY

Clinical Day, 1972

Despite ominous weather forecasts from the London Weather Centre Clinical Day, 1972, held on Saturday, 4th March, dawned bright, cool and crisp without a cloud in the sky. As the alumni converged on their alma mater, they paused to view the progress of the Tower Block commenting irreverently about such matters of "lifts and power cuts" and "heads really being in the clouds". However, they were very soon brought back to reality when they entered the Dental Department and found things entirely unchanged; same building, same furniture and same faces.

The demonstrations and exhibits were plentiful and were up to standard both in content and presentation. The Prosthetics Department's offerings ranged extreme; at the purely practical end of the scale was Professor Neill's film "Immediate Dentures and Transeptal Alveo'ectomy" and at the other was Mr. Prieskel's "Electronic Method of Measuring Jaw Relationships".

Quizzes at Clinical Day are becoming fashionable exercises; there was one in the Oral Surgery and Casualty Department in the form of a Diagnostic Quiz; Periodontology and Preventive Dentistry put forward a full-scale M.C.Q. paper based on their exhibit "Bacterial Plaque" and the Dental Society inquired into the practice of preventive dentistry.

The newly established Department of Oral Immunology and Microbio'ogy dealt with a wide range of topics including Caries Vaccine, Immunological studies of Periodontal Disease in Man and Immunology in the diagnosis, prognosis and treatment of Leukoplakia and Carcinoma.

The Department of Conservative Dental Surgery in true tradition contributed the largest share of the exhibits. These covered many aspects of restorative dentistry ranging from a simple table demonstration to Mr. McCormack's highly sophisticated tape-slide presentation on the use of pins for Bridges and Splints. This involved the use of two projectors alternately faded in and out and controlled by a signal on the fourth channel of a high fidelity tape recorder. Perhaps the most exotic exhibit of the day was Messrs. Johns' and Boyd's apparatus for demonstrating blood flow in the dental pulp. This apparatus depends upon relating minute changes of impedance across the tooth with blood flow. The complexity of the apparatus was due to the essential need to eliminate the masking effects of other electrical activity and, to do this, triggering devices and a computerised memory were incorporated.

In the Children's Department, the principal demonstration dealt with the problems of anchorage in Orthodontic treatment, but probably more dramatic to watch was Mr. Fawcus' TV monitoring of oral function.

An important feature of this year's Clinical Day was a rise in the number of actual patients being treated. In Theatres, Mr. Bret Day and Mr. Gibb dealt with cysts of the jaws whilst Mr. A. R. F. Thompson demonstrated major bridgework. Professor Rowe showed

bridgework and Mr. Yuill demonstrated the apically re-positioned flap procedure to eliminate periodontal pockets.

As usual, the bill of fare included two lectures. The morning offering was by Professor Keith Simpson "The Medico-Legal Responsibility of The Dental Surgeon" and as was expected, the Anatomy Theatre was packed beyond capacity. In his own inimitable way, Professor Simpson, fresh from visits to Trinidad and Northern Ireland during the previous week, gave a quite remarkable account of the dentist in relation to the law.

After lunch, which varied from beer and sandwiches in the local hostelries to cold roast turkey in the Medical School, those of the alumni who did not find their way to Twickenham returned to hear Professor Cawson's traditional lecture "Cases you have sent". As usual, the Dental Lecture Theatre was bursting at the seams, no seats being available for half an hour before the start.

To put on exhibits of the calibre seen this year requires a tremendous amount of planning and hard work. Few realise that the work of Clinical Day begins well before Christmas in order that the material can be put into a presentable form. In this respect, the School is especially fortunate in having Miss Patricia Archer and her team in the Department of Medical Illustration and Miss June Hodgkin and her team in the Dental Photographic Department. Both of these Departments made magnificent contributions, the standards of which were reflected in the glowing remarks made about the art and photographic work on display.

Again, much extra work falls upon the Administrators of the Dental Department and, as usual, Mr. O'Sullivan and Mr. Harper of the Maintenance Department were to be seen both before and during the day putting electrical leads into impossible places and producing running water from nowhere.

The Committee of the Dental Society together with their band of willing helpers did sterling work both before and afterwards moving heavy equipment, setting up trestle tables and many other similar essential jobs.

Finally, two notable features of this year's Clinical Day were first, the obvious increase in the number of students attending; this was most welcome and it is hoped the trend will continue. On the other hand, there appeared to be a fall in the number of alumni present. There may be many explanations for this, not least the recent power problems, but whatever the reason, it is hoped that this trend will be reversed in the years ahead.

M.N.N.

Psychiatric Case History

Introduction

In the last case history I discussed briefly the course of an illness, with a good prognosis and which could easily be managed without reference to the psychiatrist. In this article I have described another case, with again a seemingly acute onset but one which represents about the biggest problem to psychiatry today.

Case History

Mr. A. C., aged 27 years, was referred to out-patients by his general practitioner. In out-patients, when asked "What do you need help with?", he replied "I don't feel this room is comfortable . . . it's white and blue . . . you're not going to cut me up into little pieces . . ." His emotion was incongruous; he laughed when there was no apparent reason for humour, and his talk was curiously jumbled, jumping from one irrelevant topic to another. He believed that "society" had been administering drugs to him against his consent; that he could receive thoughts of other people and that people read his thoughts. He confessed to hearing voices but had difficulty in explaining or describing these.

He was admitted to the York Clinic as an emergency with the diagnosis of acute schizophrenia. He was treated with phenothiazine drugs, chlorpromazine i.m. at first and then trifluoperazine orally and finally maintained on fluophenazine—a long acting phenothiazine which can be given at intervals from 2–5 weeks. These drugs have Parkinsonian side effects and thus need to be given with an anti-Parkinsonian agent such as orphenadrine or procyclidine. Other side effects of some phenothiazines are cholestatic jaundice, photosensitivity, hypotension and rarely agranulocytosis.

Initially in the ward Mr. C. was difficult to manage, refusing medication, suspicious of everybody and expressing paranoid ideas about his being "drugged". He behaved oddly (for example he refilled the bath with water several times) and displayed visual and auditory hallucinations. However, he gradually settled, became less paranoid, took his drugs and lost most of his odd, disjointed way of talking, over a period of about 10 weeks. Now after about 12 weeks he appears fairly normal but still talks of his future unrealistically, remains slightly aggressive and suspicious of people and has become obsessed with the effects of "all the bacteria" in his body.

Discussion

Mr. C. appeared to present acutely but when a social worker interviewed his mother, it came to light that he had become very aggressive at the age of 18, behaving oddly towards his mother and that he had had numerous short-term jobs and uncompleted projects in spite of an I.Q. of 126. Since the age of 23 years his speech had become increasingly incomprehensible and he had become more

withdrawn and aimless. He had always been "difficult" and "independent" even as a child.

Schizophrenia affects 0.85 per cent of the general population and two-thirds of cases present between the ages of 15–30 years. It may present dramatically, as did the above patient, in the manner of the layman's views of madness; or more commonly, it can be very insidious, developing over a period of time with the patient gradually withdrawing from social contact and becoming diminishingly able to mantain his previous standard of work. Symptoms and signs which aid diagnosis are thought disorder, well illustrated by our patient, where the normal association between ideas is disrupted; inappropriate emotional reactions; loss of volition; hallucinations (especially auditory) and delusions often of a paranoid nature. Often the patient will have an appearance about him which to the experienced eye may give the diagnosis straight away. This has been described as confronting him through a glass wall.

Types of Schizophrenia

Schizophrenia has been described under four main types. Hebephrenic schizophrenia usually presents insidiously in the 'teens. with such symptoms as apathy, poor concentration, feelings of inadequacy, odd emotional responses and hypochrondiasis of a bizarre nature. The patient may be curiously concerned with pseudo-scientific and pseudo-philosophical ideas or may be overtly hallucinated and thought disordered. The prognosis is poor.

Paranoid schizophrenia occurs mainly between the ages of 30–50 and is mostly characterised by delusions of persecution. Ofter there is a pre-morbid personality of aggression and poor inter-personal relationships, as there was with our patient. Usually there are auditory hallucinations and thought disturbances.

Catatonic schizophrenia may present with phases of stupor or extreme excitement which often alternate or may present in just one phase throughout the course of the illness. Behaviour is often stereotyped, he may mimic or obey automatically or respond to no stimuli at all in the stuporous stage; he is, however, fully aware of his surroundings the whole time. In the excitement phase the patient is compulsive and unpredictable with great over-activity, often with incongruous emotions and hallucinations.

In simple schizophrenia the most marked disturbances are of emotion, interest and activity and is very insidious in its course. Hallucinations and delusions are rare. Lack of drive and interest, falling off of work standards and social withdrawal are common. Prognosis for recovery is poor.

The types described above, only in outline, often blur into one another in clinical practice.

Differential Diagnosis

This is important and may on occasions be difficult. Simple schizophrenia may be mistaken for depression and episodes of excite-

ment diagnosed as mania. Less frequently the manic-depressive psychoses may combine with schizophrenic symptoms, giving a diagnosis of schizo-affective disorder. Drugs, especially the hallucinogens, such as L.S.D., and the amphetamines, may give a classical hebephrenic or paranoid picture. Patients with a personality disorder, especially those who have had contact with schizophrenics for example in a psychiatric hospital, may present with a clinical picture which initially may be difficult to distinguish from true schizophrenia. Some patients also have paranoid reactions under stress, especially in later life, which may be schizophrenic in appearance but are prognostically better.

Treatment

This has been revolutionised by the introduction of the phenothiazine drugs, especially the long-acting fluophenazine, which ensures by injection that the patient at least has his drug regularly. Other forms of treatment such as "electro-convulsive-therapy" (no longer "convulsive"), insulin therapy and psychotherapy are controversial.

Prognosis

Prognosis for cure remains poor in most cases but that for the improvement of symptoms is better since the introduction of phenothiazine drugs and the improvement of long-term care and re-habilitation facilities geared to returning the patient to the community. Many patients, however, probably including Mr. C., have to remain hospitalised and these take up a large proportion of the long-stay beds of the big mental hospitals in England.

Prognosis of an individual patient is said to be better in someone of a good premorbid personality, stable background, acute onset of the illness, precipitating factors, affective features, a high intelligence and a non-asthenic body unit.

This article was not easy to write on account of the vast amount that has been written on the subject. I have completely left out any discussion on the aetiology of schizophrenia because the theories are so multiple and the subject so controversial, that what was intended to be a brief discussion would turn out to be more of a book. However, the interested reader will find a reasonable precis of these in most of the average sized textbooks on general psychiatry.

R. M. DISMORR

What is a Classic ?

G. L. Davies

The word "classic" (or "classical") is one of those much-abused words which are always turning up in unlikely places. It had reference originally, of course, to literary works of Greek or Roman origin, and to say that a boy or a girl was studying the classics at school was to picture him, or her, immersed, with greater or lesser difficulty, in the Works, say, of Livy, Virgil or Tacitus in Latin, and in those of Xenophon, Euripides and Sophocles (say) in Greek. Some enjoyed it, and some of course did not.

So much in the course of time do words alter in significance that one notes the word "classical" applied even to horse-racing, so that those famous annual races, the "Derby", the "Oaks" and the "Two Thousand Guineas" are referred to as classical races. (I may be wrong, for I speak without the book, and am no equestrian.) My first venture into the arena of horse-racing, so to speak, was almost immediately after qualification when, as a reward for doing a week's locum, I received 7 guineas (not the 100 guineas which I saw offered not long ago). Flushed with newly-acquired wealth and a medical qualification, after a financially sterile six years, I listened to the Siren voice of a smooth-tongued patient who told me that horse "Lady So and So" (a friend of his, so he said) told him was going to win the big race about to be run in a day or two. To cut a long story short, I never again saw my patient nor my "ten shillings"; but, like the elephant, I never forgot!

Horse-racing seems to have always attracted young men (and young women now of course) and, as one looks down from the top of the Colosseum in Rome, one can picture those little two-wheeled chariots of the Roman youth bobbing along in a cloud of dust and "doing 20" possibly. "There are those whom it delights to have collected the Olympic dust with their chariots," says our old friend Horatius Flaccus ("*Sunt quos curriculo pulverem Olympicum collegisse juvat*"). Latinists will note that he uses the past tense (collegisse). The pleasure does not consist in the blood and sweat and tears of the actual race, but in the talking about it later with one's friends, with your feet up and a pint or two of pale ale at your side. (Ask Chataway and Roger Bannister about their record mile.) The Roman youth would no doubt urge on their steeds with strange oaths, "By Jupiter" or "by Hercules" if they were of patrician stock; "by Pluto" or "by Dis" if of plebeian origin. But one can never tell. Curses sometimes have strange bedfellows. But the young man of today in his Alfa-Romeo, or whatever, "doing 120" probably on the M6 has no time to swear. His one thought is of keeping death off the road, however much he may appear to be contributing to it himself.

But the word "classic" has long since ceased to have such a narrow connotation as being something applicable to ancient Greece or Rome. Works of Art, Music and Literature are now numbered

amongst the classics, and what the criterion of their being regarded as such may be is not always easy to define, not at least by the layman. A general degree of excellence in their particular sphere is of course essential, but one cannot as a rule point to any particular person, however eminent he or she may have been in the subject in question, who has pronounced such work to be worthy of being regarded as a classic. Rather does it become a classic by a sort of general consensus of opinion over many years. It lives by virtue of its own excellence, whether it be a sculpture, a painting, or a piece of music, or a book.

That well-known French author and critic of the mid-19th century, Sainte-Beuve, was responsible for an excellent essay on "What is a Classic?" "It is," he says, "a delicate question of which somewhat varying solutions might have been given according to periods and seasons . . . ." A classic, according to the usual definition, is an ancient author, already time-honoured in admiration, and regarded as an authority in his sphere. The word "classic" in this sense first appears among the Romans. With them "*classici*" meant, properly speaking, not all the citizens of the different classes, but those of the first class only, who were in possession of not less than a certain determined income. In a figurative sense the word *classicus* is found in *Aulus Gellius* applied to writers; a writer of worth and distinction, a writer who counts, who has a rank and position, and who is not confounded with the mass of the proletariat. Such an expression presupposes an age sufficiently advanced to make a census and a classification in literature already necessary. "A true classic," says Sainte-Beuve, expressing his own opinion, "as I should like to hear him defined, is an author who has enriched the human mind, who has really increased its treasures, who has carried it a step forward, who has discovered some unequivocal moral truth, or again seized upon some eternal passion in that heart where all seemed to be known and explored . . . . Who has spoken to all in a style of his own without any neologism, new and antique, easily contemporaneous with all the ages . . . the classics, par excellence, would be the writers of a middle order, correct, sensible, elegant, and always clear, writers who yet exhibit a noble passion and a lightly-veiled power."

Personally, I think that definitions of a classic can be too narrow. To accept as a classic what has long been regarded as such may be excessive deference to the past. "Tempora mutantur et nos in illis," says the old tag. "Times change and we with them," and what may have delighted our forefathers may have ceased to have so much meaning for us. A form of humour popular in the time of Dickens may, conceivably, now leave some people just gasping, as indeed it does sometimes. The quality of a book and its reputation depends a great deal upon its readers. I have, for instance, read two of the late Harold Nicholson's books—"*Sainte-Beuve*" and "*Good Behaviour*"—three times already since his death. Though the title "Good Behaviour" is very inept, and perhaps suggestive of some little manual on how one should conduct oneself in polite society, to me it is a classic because, in dealing with subjects from Cicero down to Louis

XIV and beyond, it gave me the greatest pleasure. But who would have guessed its contents from the title? Having been the possessor of several volumes of the essays of Sainte-Beuve for many years, I welcomed the discovery of Harold Nicholson's book, and agreed with him in being grateful to Sainte-Beuve for all that his essays have taught me about many great French "*litterateurs*" of the past.

NURSING SECTION

The Nurse's Week—How Long?

Another salary increase for nurses has recently been announced, which is to commence on 1st April. At the same time, it appears, proposals were put forward and apparently negotiations have now commenced towards a completely new structure for nursing. This includes among other things a far higher maximum salary for Ward Sisters, and also the removal of tutors from the Salmon Structure altogether.

Unfortunately, however, one's pleasure at hearing this news is somewhat tempered by another point to which not much reference has been made. Namely the request that nurses should work a 38-hour week. This in fact is extremely disturbing news. It was only in January of this year that a 40-hour week was introduced. Even at that time it was known that the majority of hospitals were sufficiently understaffed as to be unable to comply with this regulation. How then can it be anticipated that any further reductions are feasible?

It seems quite remarkable that these leaders of the nursing profession are so totally unaware of the conditions which currently exist. They can never have appreciated the true situation or visited the ward workers. Whatever one's views of the recent antics of the miners it was possible to see that their leader had in fact visited a coal face within the recent past. This unfortunately is not true of nursing. The opinions of the workers have not been sought, and the impression of the majority who are serving in hospitals is that the leaders still think that laying hands on fevered brows is the summit of their achievements.

The fact is that the majority of nurses do not want a shorter working week. Surprising though it may seem there is still a sufficiently high sense of responsibility to cause them to want to give adequate care to the patients. In addition many nurses actually enjoy their work and do not wish to follow in the footsteps of the industrial workers. Quite apart from the fact that they cannot afford more free time.

If only these apparently blind rigid minded negotiators could assimilate the fact that it is they who are destroying the profession by their nonsensical reformations, everyone would be happier. If paid

adequately nurses would willingly work 42 or 44 hours a week. Many Ward Sisters are already working 80–100 hours in any case. Why could not nurses lead instead of follow for a change? Why not show the public that this trend of ever shortening hours is one of the most destructive forces to the morale of the population? Moreover where is this leading? How soon will it be before a 10-hour week is being suggested? At present the hours are being reduced so rapidly—two hours annually—that soon no-one will be required to work at all. However it is said that work has replaced man's primitive hunting instincts. What will he do when this is removed?

It is surely time that the nursing leaders took a serious look at the situation. They must not be surprised if they find no support coming from those whom they wish to follow.

OBITUARIES

W. D. Glynn Jones

William David Glynn Jones, who died suddenly on 9th February, while abroad convalescing from serious illness, was born in 1904; he grew up in the West Country, but was proud to be a Welshman, and was, throughout his life known to all and sundry as "Taffy" Jones. He came to Guy's in 1923, and no one who knew him during the next several years will have forgotten the energetic, hard-working and hard-playing young man, who loved to be provocative and revelled in the ensuing argument, and indeed in a tussle of any sort. Jones could do with very little sleep and was an avid reader, especially of Dickens, well into the small hours of the night.

During his first year as a student he played soccer, but then switched to rugger and in his second season played scrum-half for the First Fifteen. He was short, thickset, and immensely strong, and not afraid of hard knocks; in those days Guy's played Gloucester, Bedford, and many other leading sides. He also played cricket, and squash rackets, at which game he still took on young opponents until well into his 60's.

He qualified in 1929 and after his full quota of house appointments, he did various other jobs before settling in Moreton Hampstead, Devon, where he proved himself to be an ideal, and more than usually able, country doctor. He not only had a busy practice, but made time to enlist interest in buying land for a fine playing field for the youth of the neighbourhood; much of the hard work of draining and levelling the ground he did himself with the help of the boys. He was a useful left arm spin bowler and thoroughly enjoyed the local cricket matches.

In 1940 Jones volunteered for the R.A.M.C. and in spite of his age talked himself into the First Airborne Field Ambulance, though he was later posted to less exciting duties in West Africa.

Taffy was a great fellow who inspired much affection and loyalty, and who was unfailingly generous to all, and most hospitable to any Guy's man who visited him. He will be sadly missed by his many friends, and in particular by everyone in Moreton Hampstead. His zest for life was boundless.

He leaves a widow, an ex-Guy's nurse (née Farr) to whom we extend our heartfelt sympathy.

J.B.B.

Miss L. G. Sheild

I cannot let the death, early in January, of Miss Grace Sheild pass, unwept, unhonoured and unsung, for she was one of a band of notable sisters at Guy's Hospital who, under great difficulties and ill-regulated shortages, upheld the reputation of nursing at Guy's during the first world war.

Miss Sheild finished her general training in February, 1907, gained the certificate of the Central Midwives Board and had experience in private nursing in France before she returned to Guy's, as Sister Job, and later as Sister Stephen. When the war broke out in 1914 the Governors of Guy's Hospital were approached by the War Office to provide some hospital accommodation for wounded officers. Stephen Ward, 50 beds, then a big medical ward on the second floor—south wing—of Hunt's House was cubicled—re-named the Officers' Section, and Miss Sheild was given charge of it. She speedily became nicknamed "Sister Susie" and associated by the young officers with the comic patter song "Sister Susie's sewing shirts for soldiers". Gracie Sheild was a first-class ward sister, she exacted mild discipline, had a high standard of experienced surgical and nursing care, coupled with a keen sense of humour. She was an inspired bedside nurse. No detail connected with her patients mental and physical needs and well-being, escaped her. I am sure, to this day, her name lingers with gratitude and affection in the hearts of many young officers whose wounds and misfortunes at first cast them into despair. My own brother was one of these. Blown up on the beaches at the Dardanelles, with shattered and gas-gangrenous feet, at 23, it was her determined cheerful care and the superb surgery of Mr. "Bobbie" Rowlands that saved him from a double amputation.

Later Miss Sheild became matron of a hospital in Cairo. In her old age she lost her sight but never her valiant spirit.

I link my love and gratitude with that of the many young officers of that day who would join with me, I know, if they learned of her death.

E. P. MacManus,

GUY'S HOSPITAL MEDICAL SCHOOL STUDENTS' PHYSIOLOGICAL SOCIETY

The Guy's Hospital Medical School Physiological Society, which is apparently the only student Physiological Society in this country, has recently completed its 1971 session. Here is a brief resumé of the papers presented in the Winter Term, 1971.

Date		*Speaker*	*Topic*	*Chairman*
14.10.71	1.	I. White	Night Vision	Mr. F. House
21.10.71	2.	J. Gryf-Lowczowski	The Point of Death	Dr. M. Brookes
28.10.71	3.	A. J. Nicholls	Some Aspects of Nutrition and Malnutrition	Dr. B. L. Coles
4.11.71	4.	Miss E. Ryman	Child Psychology	Dr. S. Woollacott
11.11.71	5.	B. R. Babic	Cancer (A New Concept)	Dr. L. Gent
18.11.71	6.	Miss N. L. Fagg Miss E. Claessens	Venereal Disease	Dr. G. Wright
25.11.71	7.	M. A. M. Khan	Hazards to Man of Nuclear and Allied Radiation	Dr. D. L. Newman
2.12.71	8.	Miss I. Dodd P. J. Adams	Physical Exercise	Dr. E. Miller
9.12.71	9.	C. Akle	Genetic Diseases	Prof. P. E. Polani

Meetings were held on Thursday afternoons from 4.30 to 5.30, in the Physiology Theatre of the Medical School.

Mr. White opened the season with what was unquestionably the most detailed paper of those presented this year. It was a bloody occasion which slightly marred the presentation, as Mr. White spent much of the time holding his bleeding nose with his left hand while resolutely turning the pages of his paper with his right. The next paper was less eventful but none the less interesting. Mr. Gryf-Lowczowski showed us how the interpretation of the point of death had changed with time and the criteria used today.

Mr. Nicholls' prize-winning presentation showed us how it should be done, with his polished paper on some aspects of nutrition and malnutrition. It included a film of his travels in Africa on a project to study the effects of malnutrition and ways of coping with this, utilising environmental resources. An interesting paper was given by Miss Ryman on the international child community in the Pestalozzi homes in Switzerland. The fifth paper, presented by the Secretary, put forward some original thoughts and experiments on the biologically fascinating topic of cancer. It postulated some debatable points. Miss Fagg and Miss Claessens gave us a most fascinating presentation about venereal disease. Specimens from the Gordon Museum were used to illustrate the complications about which they spoke. A keen discussion followed the paper; the possibility of vaccines was explained by the Chairman. Mr. Khan's paper gave us an excellent introduction to the hazards of nuclear and allied radiations. Slides

were shown of accidents involving research workers and methods of prevention were discussed.

A most enjoyable paper was given by Miss Dodd and Mr. Adams who entertained us by disputing some aspects of physical exercise. The physiological and philosophical aspects of the subject were discussed. The season was closed by Mr. Akle, who presented a comprehensive paper on the difficult topic of genetic diseases. Mr. Akle showed slides (from the British Museum) of examples of genetic diseases in the centuries before Christ, and completed his paper by discussing the advances being made in this field.

Bearing in mind that this was the first opportunity that many of us have had to talk in public, and certainly the first presentation of our papers, 1971 was most successful. I think we were all glad to have at least tried.

On behalf of the Physiological Society I should like to thank our President, Professor J. N. Hunt, for his encouragement and particularly for his financial support without which the Society could not function properly. I should also like to thank Mr. W. Moran for the advertising of the meetings. Finally I am pleased to welcome Mr. Alan Collett to the Secretary's hot seat and wish him a less turbulent season in 1972.

B. R. Babic,
Secretary.

For the Annual General Meeting of the Guy's Hospital Students' Club

To be held on Friday, 5th May, 1972, at 12.30 p.m. in the Physics Lecture Theatre.

AGENDA

1. To read, confirm and sign the Minutes of the last Annual General Meeting held on 16th March, 1971.
2. Matters arising from the Minutes.
3. To receive a report from the Retiring Student President.
4. To report the result of the election for the Student President for the year 1972-73.
5. To elect the following Officers for the year 1972-73:
   (a) a President of the Students' Club
   (b) a Senior Secretary
   (c) a Senior Treasurer
   (d) a Student Secretary from among the student representatives on the Council
   (e) a Student Treasurer from among the student representatives on the Council.
6. To receive the Accounts of the Students' Club and of the Bar for the year 1970-71.
7. Other business of which not less than seven days' notice has been given to the Senior Secretary.
8. Any other business, at the discretion of the President.

CORRESPONDENCE

Sensory Deprivation

SIR,—Since Sensory Deprivation has to do with thought processes and E. J. Gavin introduces Buddhists and Yogins into his letter I think that what I have to say may bear some relevance to the subject under discussion.

Terms such as "Western pleasure seekers" and "Western Man" surely must have been used in order to distinguish European, American and Australian thought and thought processes from those of the Hindus, Buddhists and other Oriental cultures.

It must be remembered that unlike Christianity which is a religion and a way of life from which any member of these countries may or may not live or believe every second of his life, that is not so with Hinduism. This is because Hinduism is the basis upon which all the laws, customs and very being of the vast majority of Indians, is founded and incorporated in the State. It is not a *faith or a belief but a culture.*

Mr. Gavin says "The ego stripped of its benefactors is left alone to argue with itself". Egoism is the deluded state of the will in which we appear to ourselves as being the centre of significance. Loss of ego identity only produces confusion when there is lack of correct training and control. The purpose of the acorn is to grow into an oak tree and this is done without an ego. In India, Atma va are drastavyah (See the Self) is the keynote to philosophy, an aim to achieve and live but Atma is not ego in Hinduism.

Mr. Gavin says "Western man has always made a point of identifying *himself with the environment" Indian thought on the other hand is unificatory* and he identifies himself with all that is, without differentiation or divisiveness, also for social reasons. It thus becomes apparent that India and the West have different connotations for the words "I" and "Social".

The concept of "I" has a continually changing meaning because it has a continually changing reference. Not one cell in the body contains the same molecules as composed it seven years ago. It is because of this that to the Brahmin, "I" is an illusion just as all else which changes is. Hence social unity, and not the division of "I" from "you" so prominent in the Western rat races, competitions and clique societies, is the rule. It can thus be understood that such "consciousness raised people" do not have to defend themselves from the soldier with a gun or the flesh eating carnivores. We always were, always are and always will be. It is only Materiality, feelings, sensations, predispositions, and consciousness which are subject to destruction together with any other *raiment we have accumulated on our way in this unsatisfactory, because con*stantly changing, state of being.

Mr. Gavin says "The human being is a very complex energy machine and awareness of such can be achieved by yogins (Not yogis please which is tantamount to referring to your Doctor as Vet.), meditation, L.S.D. and external sensory deprivation". Though this may be the object for the drug addict and external sensory deprivation addict, it certainly is not the aim of any Yogin either Hindu or Buddhist. Yoga is a technique for freeing the mind from attachment to the senses in order to become that which it is seeking and to pin it down from wanderings. Having achieved that, one remains physically the same but psychically transmogrified from which there is no turning back. Drug taking involves karma, will, actions of a kind which, if assimilated, only bind the taker to the very karmic chain from which the Yogin is seeking release. The fifth Buddhist precept is that he will not take drugs which cloud the mind (he is allowed properly prescribed drugs).

As far as the research which was carried out in 1956-57 is concerned, I may but refer you to H. Gastant and N. N. Das's scientific investigations reported in the International Journal of Electroencephalography and Neuro-physiology supplement No. 6. Masson et Cie, Paris, 1957 which is well worth really close study and attention.

The Buddhist monk or the Yogin would not find anything novel in the experience of external sensory deprivation. They practice it every day. Neither would the infant under six weeks, provided it was allowed to feel pressure, but the child of three or four years would probably become terrified and go mad.

Divine madness on the other hand is a perfectly controlled process, a state of control not to be found in takers of psychedelic drugs or untrained sensory deprivation addicts or addicts of hypnotism in all of whom the E.E.G. is of quite a different pattern from that seen in the deep samadhi of Ultimate Realisation. This is also quite different from the ecstatic stages of drug takers and Christian Mystics who base their experiences on the spiritual exercises of Loyola and others. These states are thought akin to the well-known Manic-Depressive psychosis and the E.E.G. tends to confirm that statement.

I hope this letter has been of use and will perhaps defer too rapid attempts of Indian Yogins and Western Sensory Deprivation experimentalists from getting together in combined experimentalism without sufficient attention being paid to the fundamental differences in their ways of thought. To the Yogin it is a 4,000-year-old experiment, to the "Western Man" it is something novel.

With metta,

O. BALEAN

13 The Ridgeway,
Chatham, Kent.

The Standards of Nursing

SIR,—With reference to the Nursing Section of the 11th March edition, in which the writer deprecates the decline in nursing standards and views the possibility of altering this sad state of affairs somewhat despondently, I would like to suggest that the G.N.C. have given us an opportunity not only to arrest the decline but also to raise the standards of basic nursing care built into their new form of State Practical Examinations.

Already there have been signs of an increasing awareness in the student nurses of what constitutes an aseptic procedure and what does not, and also an appreciable tightening up of adherence to the rules of administering drugs. These two factors are a start but the greatest rewards would appear to be possible in the third phase of this examination, namely "Care of a Patient during a Span of Duty", when the nurses will be subjected to judgment on basic nursing.

No one would deny that these examinations involve a tremendous amount of work on the part of the examiners but, if it is viewed in the light of being a means to improve the standard of patient care, then surely we should welcome and exploit to the fullest advantage, the opportunity the G.N.C. have "foisted" upon us!

In making these comments I would like to stress that they are in no way meant as criticism of our senior ward staff. Running a ward in a nurse training establishment was never an easy task and I am sufficiently in contact with the clinical scene to know that for many reasons it is considerably more difficult now.

HILARY HYDE WHITE,
Nurse Tutor.

School of Nursing,
Guy's Hospital,
London, SE1 9RT.

Psychiatric Case History

SIR,—I was very interested to read Dr. Dismorr's "Psychiatric Case History" on the toxic confusional state. (*Gazette*, 26th February, 1972).

The clinical details and treatment of the case she describes take up a whole page of the *Gazette*, but at no point does she mention the cause of the toxicity in the patient concerned, nor what steps were taken to reverse it. What she does say, is that a lady with vivid and nightmarish memories of hospitals, with two previous heart operations to her credit, was admitted to Guy's with subacute bacterial endocarditis, developed pulmonary oedema, and had an emergency mitral Starr valve replacement.

A few days post-operatively, she gradually became restless, suspicious, paranoid, frightened, and eventually broke some windows. She was treated with Valium, Melleril, Sparine and kind nurses sitting beside her.

On the evidence offered, Dr. Dismorr's case was suffering not from a toxic confusional state, but from a psychotic reaction following mitral surgery.

Psychotic reactions follow mitral and chest surgery more frequently than general surgery. No satisfactory explanation for this exists, but the premorbid personality and mental attitude of the patient are probably relevant.[1]

Your etc.

SEAN O'CONNELL

[1]Guide to Psychiatry. Myre Sym. Second Edition 1969. P.204.

Winsford,
25 Heathside Road,
Woking, Surrey.

SIR,—Having read Sean O'Connell's comments on my article on toxic confusional states (*Gazette*, 26th February, 1972); I would just like to make a few points.

In fact a psychotic reaction following mitral surgery was precisely what I was describing but together with reversible clouding of consciousness, this in my book is what constitutes a toxic confusional state or acute delirium as it used to be called.

What I probably did not make sufficiently clear were the precipitating causes in this lady's case. When she came into hospital she was virtually in a state of malnutrition, grossly underweight and anaemic as well as having subacute bacterial endocarditis. Prior to operation she went into acute L.V.F. The operation itself was not without complication since on coming off by-pass she had such tricuspid regurgitation that she had to go on to by-pass again and the edges of the tricuspid valve leaves had to be sutured together. Post-operation she went into atrial fibrillation after being in sinus rhythm for a period. The onset of her delirium was after the drip was removed and thus dehydration was also a possible factor. These factors relevant were hypoxia and poor circulation from her cardiac state, malnutrition, anaemia, possible unspecified metabolic disturbances from an operation lasting many hours, and possible dehydration. Steps taken to reverse these trends were treatment of her failure, correction of her anaemia with blood and later iron, rehydration, oxygen by mask, Parenterovite i-v and Complan with a high calorie and protein diet when she was co-operative enough to take it.

It is true that psychotic episodes follow cardiac and thoracic surgery are more common than those following general surgery; but it is not true that there are no explanations for these, as I mentioned in the article, even though they have yet to be experimentally verified. Hypoxia, poor cerebral perfusion and metabolic disturbance are more frequent in this type of surgery.

The differential diagnosis in my patient, which I did not discuss, was an acute panic attack. These occur in timid and anxious patients around the time

of a serious illness or major surgery, when they are not sure what is going on and become very frightened. Their fear may attain psychotic proportions, such that they are hallucinated and paranoid. However, their level of consciousness is not impaired, unlike in a toxic confusional state when this is an initial and major feature.

Yours faithfully,

ROS DISMORR

East Wing,
Guy's Hospital,
London, S.E.1.

The Murray Commission

SIR,—In Mr. Hewish's letter, criticising the recommendations of the Student's Club Council to the Murray Commission (*Gazette* 11.3.72), he seems to consider that a lack of democracy in a normally democratic system is merely the opinion of the Council and not the blatant truth. Surely he can see that it is unjust that a minority body, consisting of staff and unrepresentative, un-elected students, completely controls the student finances.

By use of emotive words like the "Student Power" and "Workers Control" cliches, he gives the "inference" that a more democratic system would necessarily exclude good staff/student relations.

Students are apathtic, attendances at council meetings (including the Medical Education Committee) are feeble. Surely this indicates that the existing organisation is not working, and that change is essential to encourage students to participate in their own affairs. At present students wishing to achieve results are trapped in a constitutional maze. It is this that promotes frustration and resignation.

Beware complacency, not cries for democracy.

Yours faithfully,

T. J. GOULDER

East Wing,
Guy's Hospital,
London, S.E.1.

Black Sailed Wherry

Black sailed wherry on the tidal fall
Loaded with marl from Coltishall.
With naked mast, in the crutches down,
To shoot the bridge by Wroxham town.

Black sail looming through the screens of trees,
Quanting to gather the evening breeze,
Feeling the grasp of the river's flow,
Bonnet pink in the late sun glow.

Black sailed wherry, your day is done,
Moored in time in the setting sun.
To talk of Inns as a winter's tale
As memories fade of your great black sail.

P. B. MORRIS.

SPORT

THE CUPS

RUGBY

Although the first XV has lost to Bart's in the semi-final the second XV are still in the Junior Cup. They have defeated U.C.H. and now play Bart's in their semi-final. The first XV game against Bart's, traditionally tough, was a drab affair with a poor turn-out of spectators. Of those that did turn up there were many more Bart's than Guy's supporters. One notable Bart's man, safe in the stand, was the only person to work up anything like enthusiasm for his side. While the main aim of the Guy's supporters seemed to be to maintain their dignity, the aim of a Bart's fanatic was more coarse, and a four-pint beer can cut one of our student's heads open which required eight stitches. Fortunately the can was empty, but then we must credit our opposition with the intelligence not to waste the contents.

The referee kept a good hold on the gentlemanly affair on the pitch and no bad injuries were received by either side. To the cynic Guy's were more incompetent than Bart's. In fact, Guy's were very fit and played with skill and determination initially, but as the game progressed the cockney Bart's taunts "We know you're gonna believe it" became less and less hollow and in the end we were forced to believe it.

HOCKEY

The Hockey Club enter for two Cups. The University of London Inter-Collegiate Cup, in which Guy's lost in the semi-final to U.C., and the Hospitals Cup. In the latter Guy's are in the final against Bart's and the Junior Cup side have reached the final against St. Thomas's. Both sides could do with some support and could well provide good entertainment. In the semi-finals the first XI beat The London 1—0 and the second XI beat Bart's 3—2.

SOCCER

The Soccer Club were unfortunately knocked out of their Cup, losing to the Middlesex 3—2 before Christmas. This may have contributed to the lack of enthusiasm and the general falling off of players, even for the first XI, let alone the second. The club can still raise two teams but some of the better players have fallen out, either to play for other sides or to do nothing at all. They complain of poor refereeing and late cancellations as their reasons for discontentment.

RUGBY

Hospital Cup Semi-final

Guy's v. Bart's

Richmond, Thursday, 2nd March. Result, Lost 9—18.

Guy's entered the semi-final against Bart's without several first-choice players and the upset of a heavy defeat at the hands of Exeter on the previous Saturday. Charles Thorburn, John Price, Steve Challacomb and Dick Allan weer all unavailable—their places beink taken by Gethin Evans, David Jones, Ken Rigg and Phillip Reisbeck. John Ross moved to the wing to allow Jones to play in the centre alongside Druett. It was a dry day but with a cold wind blowing down the pitch and against Guy's in the first half.

The weakened Guy's team started with an enthusiasm often not seen with more experineced Hospital fifteens. The powerful Bart's pack was held

in the tight and a shortened lineout allowed Guy's to overcome the taller jumpers of the opposition. Guy's tackled with determination and the loose kicking effectively denied Bart's forwards the ball, if not always providing our own clean possession. Cook used the ball well, by kicking Guy's up into Bart's territory and after only 10 minutes Ross almost had the touchdown from a blindside grubber from Merrett. The territorial advantage was rewarded when Bart's were penalised and Ross kicked a long penalty from close to touch. The position might have been further improved by another easy penalty kick at goal had not an over-ambitious forward made a rather slow lunge for the line. The remainder of the half was played out fairly evenly until just before half-time. Bart's with good possession from the ruck and having a man over, scored a good try in the corner. The sides changed over with Guy's 4—3 down.

The second half opened encouragingly with Guy's exerting early pressure. Jones, following up a short kick to the line, was obstructed in going for the touch-down and Guy's were awarded a penalty try. Danford converted. This lead was well deserved from sustained effort all round. Bart's often tried to run the ball close to the scrum, but the move was usually curtailed and when they passed the ball out handling mistakes and good tackling prevented any worthwhile attack. For Guy's Jones and Druett tried hard to find a way through in the centre and Cook kicked sensibly. Until the final 20 minutes, the game was evenly poised. Then Bart's scored from a kick ahead with the ball bouncing awkwardly for Danford, Guy's still held the lead with the conversion failing, but then two unfortunate episodes quite definitely turned the tables. A break by Bart's forwards was well stopped by the covering defence, only for the ball to roll forward and be touched down by Bart's, with Guy's anticipating the expected ruling for the infringement. With Bart's quickly on the offensive again, a rather heavy-footed assault by a Guy's forward gave the opposition a penalty and another three points. Guy's grip on the game was now completely lost and Bart's drove home their victory with another penalty.

It was unfortunate that, having held a stronger fifteen for so long and being twice in the lead, the defeat should mount up so quickly. To their credit, the whole team attempted to play together and whole-heartedly. Danford, Gibson, Stuart and Holliday, in particular, stood out for their efforts.

Team: M. Danford (capt.), J. Ross, T. Druett, D. Jones, A. Portelly, A. Cook, D. Merritt, F. Burlinson, T. Gibson, T. Want, D. Stuart, K. Rigg, P. Reisbeck, H. Holliday, G. Evans.

I.B.

Junior Hospital Cup

Guy's v. U.C.H.

Won 38—0.

Due to Match cancellations the 2nd XV had not played together for three weeks before the cup match against U.C.H. despite this, our boys put up a fine performance defeating U.C.H. 38-0.

During the first half Guy's played with the wind, but only managed to score once, despite being permanently encamped on the U.C.H. line. Over-elaboration and unsure handling resulted in numerous lost scoring chances. The try itself was a typical bull-like charge from Ken Rigg and one felt some sympathy for the opposition as they attempted to avoid him. Rick Fitton converted the try with a magnificent kick from the touchline.

From the start of the second half, the Guy's pack started to win clean possession from all phases of play, and the backs showed what a useful combination they are. Davey Jones gave his usual spectacular performance, both on and off the field, scoring two fine tries each followed by a departure to the touchline ! ! ! The half-backs, even though they had not previously played together, linked smoothly. The back row quickly destroyed any moves attempted by U.C.H., and were always on hand to join in an attack. The other scorers were P. Reisbeck, C. Howell, A. Campbell and C. McLauchlan, R. Fitton converted five tries and gave a polished all round performance at full-back.

C.H.

GUY'S v. O. ALLEYNIANS

4th March, Won 4—0

The disappointment of losing a Hospital's Cup game was fast receding before this match. There remained uncertainty about the fitness of a number of players but in the event Guy's played sufficiently well to achieve a narrow victory.

Old Alleynians have a good record and are one of the few old boys' sides capable of maintaining a strong fixture. The result has in the past been fairly close and so it was clear that Guy's would have no easy task.

Play began slowly with neither side showing much initiative. Handling was impaired by a strong wind and both teams employed the same tactics of spoiling and kicking the loose ball upfield. Possession was equally shared, although Guy's gained little useful ball from the rucks, a phase of play which has become worse with successive games.

It was fortunate that both packs were half-hearted for much of the time. The Guy's forwards were undoubtedly faster and quicker to the break-downs, but having arrived they were usually content to wait and lean until pushed off the ball.

The backs played with a good deal more enthusiasm. Campbell returned to the first fifteen at centre and performed exceptionally well by making several good breaks that could have resulted in scores. In defence, the tackling was sound enough but there were occasions when Old Alleynian forwards brushed through the Guy's pack without any serious tackle being attempted.

A deserved try followed a forward rush with Holliday in the van. Some nimble dribbling took him over the line where he dived on the ball to produce the afternoon's only score.

A victory is satisfying no matter what the margin, but Guy's rarely seemed capable of making the extra effort required to consolidate an advantage and so frequently this season victory has been snatched from them because of this.

Team: R. Burlinson, T. Want, T. Gibson, D. Stuart, K. Rigg, H. Holliday, P. Reasbeck, M. Portelly, C. Croft, A. Cook, A. Campbell, T. Druett, A Portelly, R. Barough, M. Danford.

T.G.

GUY'S v. NUNEATON

11th March, Lost 28—3

A fierce cold East wind swept the length of the pitch throughout this morning game. The occasional flurry of snow merely served to remind the players of the temperature.

It was at least 20 minutes before either side played any cohesive football. In the first half the wind was behind Guy's, and with its help, Cook kicked often and deeply into the Nuneaton half. Guy's pressed their opponents, and throughout the first half seemed close to collecting several tries but were frequently baulked by silly infringements which a particularly astute referee never failed to miss. Guy's only points came in the first few minutes when Nuneaton conceded a five-yard scrummage and were then penalised. Danford had no difficulty with the kick.

The sides were well matched in most departments, but Nuneaton gradually played the more controlled football. Their forwards were more vigorous and better drilled. The Guy's pack, lacking the same unified action, resorted to a series of individual sorties that usually led nowhere in particular. Some of the Guy's forwards suddenly developed a shyness of tackling that had disastrous consequences.

At half-time the score was still 3—0 to Guy's. Now, facing the wind, Guy's knew that the struggle would become harder. After 15 minutes it even looked as though the hospital would add to their score. Suddenly the Guy's pack lost its rather tenuous grip and Nuneaton's forward rushes were mounted with increased ferocity and frequency. The inevitable happened when tackles were missed and in the space of another 15 minutes Nuneaton players scored tries in rapid succession. Guy's paid heavily for this lapse and once down they could barely muster the spirit to fight back. There were some shame-faced sighs of relief at the final whistle.

GUY'S ARTISTS v. DARTFORD 5TH

Saturday, February 26, at H.O.P.

Result: Won 71—6

As the score-line suggests this match was a memorable one in the history of Artist's rugby. After much cowardly backing down by two clubs who were frightened to play us, we managed to find an opposition.

Both sides took the field with 14 men, but the Artists quickly showed they meant business with a penalty by Langdon. From then on the key word was "Artistry", and the players began to display their many (or varied) talents. Tries were scored in abundance and the guest-players took their fair share. Pascoe, in particular, was in tremendous form and scored, in all, four tries. Dartford scored their one and only try and as the two missing men turned up the Artists went from strength to strength. The opposition was completely demoralised by our magnificent thrusting runs, changes in direction and the ruthless forward play!

Dave Oram, making his debut, played a fine game and scored two tries, while Norfolk cut through the opposing lines three times to score. Tries were also scored by Young, McLeod, Gray and Houghton, and Langdon converted eight in all. Earnshaw, however, threw away all of three once-in-a-lifetime chances to score his first try for Guy's!

In all, an historic victory, and it is now being said in rugby circles that there may well be some changes to the England side in future with many places being taken by true Artists of the game!

C.L.

SQUASH RACKETS

Cumberland Cup—"Challenge Round"

It was only after the Challenge round match, against Bromley S.R.C., had been arranged that we found just how close we had come to winning division 5. The final order was: 1st, South Kensington, 55 points.

2nd, Guy's Hospital, 54 points.

3rd, Old Alleynians, 33 points.

Bromley have a strong team and, but for some injuries, would probably have been better placed in their division. Furthermore, their much slower courts provided difficulties for some of our players. Fortunately, we were able to field our strongest team and win convincingly, if not easily, 5—0.

Iain Nicholson started uncertainly and lost the first game. He then found his length and won the next three games with comparative ease. Meanwhile on the other court, Jerry Owen was engaged in one of his marathon matches. From leading by two games to one he found himself 3—7 down in the final game. Jerry seemed to produce his best squash under such conditions and came doggedly back to win. Ray Sharp won two games easily, but had to work hard to win 3—1. Peter Collins showed us that he was very much at home on the slow courts, with a fine 3—1 win over a very fit opponent. Last on court was Chris Mackenzie. He had a very close game and, at 0—8 in the fifth, looked well beaten. However, he staged a remarkable recovery.

Team: R. Sharp, I. Nicholson, P. Collins, J. Owen, C. Mackenzie.

The victory over Bromley earns us promotion to the 4th Division. This year's team should all be available, and Sharp, Nicholson and Mackenzie should all be improving rapidly, while Collins and Owen should continue to give stability in the lower orders. There are also about half-a-dozen other players who will be challenging for places, and this always helps to raise the standard. All in all, our prospects for next year's Cumberland Cup would appear to be excellent.

E.J.E.

GUY'S HOSPITAL FENCING CLUB

After a quiet period behind the scenes the club has taken on a new lease of life with a series of match fixtures in the Spring and early Summer.

We are interested in hearing from:—

(1) MEN with previous match experience in Foil, Epée and/or Sabre.
(2) LADIES, with experience in Foil.
(3) ANYONE, of either sex, who wants to learn how it is done, or who knew once but may have forgotten. If you have no equipment don't worry—we have plenty!

MEETINGS are held in the Pavy Gymnasium:—

(1) MONDAYS at 5.30 for tuition with Professor Weston.
(2) THURSDAYS at 5.00 for practice and training.

Any ENQUIRIES, please contact Ian Starke, East Wing, or come to one of our meetings.

HOCKEY

2nd. XI. THE JUNIOR HOSPITALS' CUP

Result: Guy's 3 Bart's 2

A number of supporters turned out to watch this entertaining game which was played at a fast and furious pace. Guy's were always looking slightly more dangerous with the forwards combining excellently. It was a break down the wing followed by a hard cross by Haskett, a visitor from Melbourne, which laid on the first goal for Tim Bayliss at centre forward. Bayliss scored again after a fine run by Brownlee.

Thinking that the game might be developing into a walkover the defence decided to let in two very soft goals. Both were the result of several missed tackles in a row which were performed in the traditional lunge fashion. Mathews managed to stop one shot on the line with his foot and the "stroke" was duly missed.

Fortunately between these goals Geoff Sparrow converted a short corner following a fine combination between Jones and Horton and this proved to be the winning goal. His shot was as firm and accurate as his 16 yard hits which were one of the features of the game.

Besides Sparrow, Duckworth played exceptionally well at centre half cutting out most passes to the Bart's centre forward. However, the individuals tended to be obscured by the wonderful enthusiasm and teamwork which have now put Guy's in the junior cup final for the second year running.

Captain's Report

Many crushing blows to the author's hands have prevented a report on the 2nd XI appearing sooner. This season the 2nd XI has never lived up to its potential because most players have not been prepared to turn out regularly. As a result many games have been lost, but on the rare occasions when a full side has been got out they have done very well.

Two of the main problems revolve around centre half and goalkeeper. These positions could well be sewn up by Rebello, Duckworth and Lloyd but the problem is in getting them there. Bayliss and Horton have proved especially effective freshman while Jones and Cooper have regularly turned out.

The last few matches of the season have always been the strongest and hardest, and traditionally players have fallen by the wayside so that the 3rd XI disintegrates. I am hoping that now everyone will pull out all the stops, and we can finish the season with a flourish of wins . . . especially at Paignton.

Team: H. Lloyd, G. Sparrow, N. Mathgus, C. Handler, P. Duckworth, A. Holland, B. Jones, J. Horton, T. Bayliss, M. Hasket, W. Brownlee.

A.A.H.

HOSPITAL INFORMATION

APPOINTMENTS

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Senior Registrar** in child psychiatry with duties to commence as soon as possible and appointment until 30th September, 1972 in the first instance, renewable. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **7th April, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Registrar** in Rheumatology to the Guy's Hospital Board of Governors with duties to commence as soon as possible until 30th September, 1973 in the first instance. The successful applicant will have duties at Guy's Hospital and in the Rheumatology Unit at New Cross Hospital. Forms of application are available from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **7th April, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited to fill two established posts of **Senior Registrar** in Anaesthetics to the Guy's Hospital Board of Governors from 1st July, 1972. The successful candidates will be given the opportunity to gain wide experience of anaesthesia for all surgical specialties, and particularly for cardio-thoracic, neurosurgical and dental procedures. Excellent facilities for research have been developed, and full use of these will be encouraged. Active participation in undergraduate and postgraduate teaching programmes will also be expected. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **14th April, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill a newly established appointment of **Senior Registrar** in Rheumatology under the exchange scheme between Guy's Hospital and the South-East Metropolitan Regional Hospital Board with duties to commence as soon as possible for a period of four years. The period in the Region will be spent in the Brighton and Lewes Group. Duties will include the care of inpatients and outpatients and teaching at both undergraduate and postgraduate levels. The successful applicant will have the opportunity to take part in a research programme and laboratory facilities are available. One year may be spent in the Connective Tissue Diseases Division of the Johns Hopkins Hospital, Baltimore, U.S.A. The appointment will be made jointly by the bodies concerned. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **7th April, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar** in Psychological Medicine to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board with duties to commence on 1st June, 1972 until 30th April, 1974 rotating between the Guy's Group of Hospitals and the Bexley Group. Applicants should have an active interest and experience in teaching and research and preferably have a higher qualification. The post, which will be reviewed annually, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **7th April, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Trainee Registrar** in the Department of Diagnostic Radiology, with duties from 1st October, 1972. Appointment for one year in the first instance. Forms of application are obtainable from and should be returned to the Superintendent, London, SE1 9RT, not later than **7th April, 1972.**

GUY'S HOSPITAL DENTAL SCHOOL

Commencing on Wednesday, 26th April, 1972 a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The course will consist of six sessions from 6.00 p.m. to 8.00 p.m. on 26th and 28th April and 3rd, 5th, 10th and 12th May 1972. Fee: £10.50. Further particulars and forms of application, which should be returned as soon as possible and not later than 18th April, 1972 may be obtained from the Dean, Guy's Hospital Dental School, London Bridge SE1 9RT.

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

February, 1972 Final Examination

Mrs. J. Bowell (née Osmond)
Miss E. L. Keeping
Miss J. C. Lee
Miss H. R. Mathews
Miss E. Taylor

PERSONAL

Elegant first floor consulting room in all-Guy's house in central Wimpole Street available on lease. Enquiries to Box 3/2.

HOLIDAY COTTAGE TO LET—Camelford, Cornwall. Six miles from Atlantic Coast. Sleeps six. 16½-20 gns. per week. Miss Doyne Ditmas, Mason's Arms, Camelford. Tel: 3309.

PARTNERSHIP offered to Guy's man. Replacement for retiring partner in two-man practice. Obstetrics essential. Health Centre planned. Commencing income £4,000. Apply: Dr. Lambert, 4/, Castle Street, Portchester, Hants. Tel: Cosham 77514.

FARMHOUSE WELSH HILLS—Sleep five Bath immersion, frig. Mile village. Available June onwards. Also accommodation (with B/B) centrally heated town house. From Easter. Tel: Llanidloes 417.

LITTLEHAMPTON AND RUSTINGTON—Assistant with or without view, to join three-man practice on the South coast. Please apply in writing to Drs. Best, Latham and Haywood. "Leeholme," St. Winifredes Road, Littlehampton, Sussex.

GENERAL MEDICAL PRACTICE—assistant with view required now or any time within the next few months. Three man partnership, senior partner semi-retiring this year. Previous general practice experience *not essential but good basic hospital experience*, including obstetrics, essential. Emphasis on personal doctoring with reasonable freedom, NOT on rota systems with minimal duty. New district general hospital and good professional relationships throughout the area. Appointment system, much ancillary help, pleasant town, cheap housing. Initial salary £4,000 p.a. Drs. Sheehan, Allday and Wookey, 10 Liquorpond Street, Boston, Lincs.

CHANGES OF ADDRESS

Mrs. J. F. Bleck, 60, Greenborough Road, Sprowston, Norwich, Norfolk.

On 21st February, 1972, Dr. and Mrs. M. J. S. Coe and family moved to 22, The Glade, Welshwood Park, Colchester, Essex, CO4 3JD. Tel: 0206-42422.

Dr. L. M. Davis, The Gable House, Ketton Grange, Ketton, Stamford, Lincs.

Charles Rice and Mary (née Restell) with their children, Elizabeth and John, have moved to "Kingslace", 18, Shepherds Way, Liphook, Hants. Tel: Liphook 3618.

As from 15th May 1972: Dr. and Mrs. Hugh Warrick, "Spindleberries", Chalbury Hill, Wimborne, Dorset.

Dr. and Mrs. S. Worthington, 24, Chinthurst Park, Shalford, Guildford, Surrey.

BIRTHS

HARGREAVES—On 25th January, 1972, to Rosemary (née Selway) and Christopher, a son, William Matthew.

HEALD—To Denise and Bill Heald at St. Mary's Hospital, Paddington, on 21st February, a girl, Lucy Elizabeth Anne, a sister for Sara.

ROUSE—To Donald and Patricia (née Anderson, S.R.N., S.C.N.), on 9th March, 1972, at North Staffs. Maternity Hospital, a son, Brendan Donald Michael.

WORTHINGTON—On 11th February, 1972, at Mount Alvernia, Guildford, to Pat (née Dunlevy) and Sidney, a son, Charles.

MARRIAGE

FALLOWFIELD—MASON—On Saturday, 26th February, at St. John's Church, Broadstone, Dorset, the marriage took place between Anthony Fallowfield, L.D.S., R.C.S., and Lesley Mason, S.R.N.

WALKER—SAVORY—On 11th March, 1972 at St. Mary the Virgin, Shenfield, Essex. Mr. John Richard Walker, B.D.S., to Miss Catherine Ann Savory.

DEATHS

MAXWELL—On 26th February, 1972, Reginald Maxwell, L.D.S., R.C.S. (Eng.), of 117c Broadway West, Leigh-on-Sea. Qualified Guy's 1923.

MITCHELL—On 9th March, 1972, George Osborne, M.R.C.P., M.D., London, of 22, Bethune Avenue, Friern Barnet, N.11.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

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Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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NEWS EDITORS C. G. CHINERY and D. I. F. KELLEHER
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FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2185

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Mixed Blessing

Those mad March motorists mesmerised by the M-ways once again into catastrophe and carnage must surely raise the question (as Muggeridge would put it): Why motorways?

Some of the reasons for the proliferation of motorways in Britain today owe their origins to the last Labour government's policy of regional development. For example, the building of the M5 from the Midlands to Exeter, relieving the A38, was presumably embarked upon to promote industry and tourism in the West Country. To hope to promote industry in this way may prove unrealistic because all the raw materials have to be brought in from great distances along the motorway and exported again in their finished form to equally distant markets, also relying on motorway transport. As far as holiday traffic is concerned, there is no evidence that the West Country tourist trade will be able to cope with the increase (from 5 million to 17 million people within a $3\frac{1}{2}$ hour drive) that the finished motorway system would bring, nor that tourism alone will boost the depression in the West, or stem the flow of young people to London and the Midlands. Heavy use of a motorway is not a good guide to its desirability or necessity.

Urban motorways generate problems of their own. The London Ringway Box scheme, for instance, would comprise three concentric rings of motorway, the two inner rings of which would not only split communities but also create local traffic congestion. Since "To the public good, private respects must yield" (Milton), we must expect to use our cars less in town in the future. The case for the outer Ringway is, however, more clearly defined: firstly, it would be far cheaper to build than the inner two (less of it needing to be on stilts, as well as the land purchase in this outer area being less expensive) and secondly, it would provide a distinct service in relieving Central London of cross-country industrial traffic. Still, in view of the dubious social benefits of this scheme, one might suggest that the £2,000 million could be better spent elsewhere.

Our existing motorways scar the countryside and use up vast acres of good arable land. In human terms, they exact an annual death toll of startling proportions, and what is even worse, leave hundreds maimed for life. The psychological effects of either being forced to leave one's home to make way for a motorway, or to live within sight and hearing of it, are difficult to measure. So, too, is the strain on those doctors who have to patch up the victims claimed by these *monster roads.* Before creating any more of these monsters, we should both improve our control over those already in existence and weigh carefully their social demerits against their possible benefits to society.

Chauvinism

Why cannot men be satisfied with their rôles as husbands and fathers? What is it that drives them out to work? Surely not the need for money, recognition, success, achievement or freedom from boredom, for these are the sort of factors which motivate the working woman. One hardly dares suggest that men and women share the same need for fulfilment outside the home. Yet the gut instinct for self-esteem and self-preservation has no gender. The same "drives" operate in the career lives of both men and women. (Not all men or all women are driven thus, of course; either sex can be equally lacking in career motivation, the men merely fulfilling their traditional rôle as breadwinner and the women as housewife/mother.)

The essential difference between the sexes in their pursuit of success or achievement is that women have to make excuses for the forces which so move them, whereas men are rarely called upon to justify their motives. If these forces tend to be extreme it is surely understandable, since they have had to compensate for the repression imposed on women by social convention and overcome the competition in what was, until recently, fundamentally a man's world.

I, personally, have been warned about women in medicine (indeed it seems to be a standard conversational gambit among Guy's men), the great danger apparently being that progress in this field can only be achieved at the cost of femininity. This nebulous concept of "femininity" is exploited not only by men who resent the intruding female but also by women who feel threatened by her successes. They exploit the term as suits their ends so that its desirability is implicit and smugly sit in judgment to exclude all those women brave enough to disregard the labels of their sex. These old standards are irrelevant, ladies, do not waste your time by trying to conform to them.

Experiments by any other name

The professions of medicine and journalism have long mistrusted one another. But then, it is not only doctors who feel that unease. At least one American novelist has been driven to retreat from newsmen altogether and consequently now has to write interviews of himself for public recognition. Many other plainclothes people who have had dealings with the press promise never to allow another word to be misquoted again.

The problem is worst, however, when neither the pressmen nor the public understand as much about a particular subject as the expert interviewed. Then the public is moved to scrutiny. The problem is that when people meet anything new, be it a film, a play, a book, or a medical treatment, there will be as many fundamentally different views as there are people receiving the information for the first time. The arguments often depend on a major difference in perception between, for example, viewers. That is not a difference based on opinion, but different people watching the same scene see characters doing completely different things, wearing different clothes. The greatest amount of misunderstanding arises when a new idea has been introduced, when the audience or readers do not know what is going to happen or be stated. It is a fortunate man who can express a new idea clearly enough that all understand both the idea and the importance of it, one has only to think of those at present considered geniuses who were not recognised as such in their own day.

Since the difficulty in introducing new ideas is the difficulty that doctors have with the press, we have to consider how the concepts can be introduced more skilfully. People are suspicious and fascinated by the esoteric language of medicine. Allied is the suspicion and fascination of people for those who have power over the body, who can manipulate vital forces. The popular press, women's magazines, weekly periodicals, all have regular medical columns that people read even if they read nothing else in the publication. We live in a world when the best thing a man can do for a woman is to have a vasectomy and tell everybody about it for six months.

So we are left in a situation where non-medical people will always require medical knowledge. At the moment there are two sides, the knowing and the ignorant, the pythagoreans and those who are said to be unable to cope with the burden of knowledge. Doctors know that their thinking is straightforward and open to public approval if put in words that people can understand. However there are one or two concepts that are used differently by the two. The word experiment, for example, when used in the context of doctors and patients always conjures up horrors of Dachau in people's minds. But doctors know that the word must be used, for the sake of honesty, in the context of all medicine. Every prescription or operation is an experiment. That, however, does not send medicine careering down a slippery slope to mass extermination and insensitive offences against others' bodies. Doctors are well aware of the problem and their job consists in negotiating the problem of knowing what is best for their patient in the light of modern knowledge.

Doctors have three ways out of the problem. They can censor the press completely, which carries distrust; they could try to master the press, which is impossible; or they can arrange that the public is educated. What is required is that medical science should become part of the usual teaching in schools' and universities' humanities courses. Along with basic biology and social sciences there is a great need for the more easily teachable concepts such as what may be regarded as a disease and what sort of things have to be done to

help a person out of a difficult and crippling disease. In universities in the centuries before the emergence of specialised disciplines and sciences, medicine was one of the major arts taught to all. So it should be again.

NEWS IN BRIEF

Recent Acquisitions for the Hospital Chapel

A pair of cruets with silver lids, on a small tray, for use at Holy Communion. The tray is engraved with the following inscription, "Augusta Millard, Guy's Hospital, 1901—1904, Happy Day".

A silver pyx for taking the Blessed Sacrament to those who are sick on the wards. This is a gift in memory of the late Sir Heneage Ogilvie.

A book of remembrance containing the names of past Guy's men and women killed in the Wars. This book is kept on a special table by the founder's tomb in the crypt.

Readers may also be interested to know that a patient's husband has offered to illuminate a manuscript for the chapel; a thanksgiving for the care his wife received while a patient in Guy's.

A fund has been set up to provide a memorial for Sister Florence Taylor. This will take the form of a new silver Sanctuary Lamp for the chapel. Anyone wishing to make a donation towards this should send it to the Honorary Treasurer, Mrs. V. M. Blaikley, c/o The Nurse's League, Guy's Hospital, S.E.1. Cheques should be made payable to the "F. Taylor Memorial Fund".

GUY'S DIARY

APRIL

10	M	1.00	Clinical Lecture. Dr. FLEMINGER.
11	Tu	1.00	Clinical Lecture. Mr. FLANNERY.
13	Th	1.00	Clinical Lecture. Dr. SCOTT. "Pleurisy".
17	M	1.00	Clinical Lecture. Mr. HENRY. "Spinal Mechanics".
18	Tu	1.00	Clinical Lecture. Dr. ABRAMS. "Lung Surfactant in Health and Disease".
20	Th	1.00	Clinical Lecture. Dr. KNIGHT. "Pneumothorax".
21	F	1.00	Clinical Lecture. Dr. BURRY. "Clinical Applications of Electromyography".

NOTICES

GUY'S HOSPITAL EAST ANGLIAN DINNER

The Guy's Hospital East Anglian Dinner for 1972 will be held on

SATURDAY, 6th MAY, 1972,

at the University of East Anglia, Norwich,

at 7 for 7.30 p.m.

The President will be Dr. A. Batty-Shaw, and the guest of honour will be Mr. Hugh Kinder.

If any Guy's East Anglian has not received notice of the dinner, but would like to come would he please write to:—

Dr. C. Bishop, Department of Anaesthetics, The Ipswich Hospital, Anglesea Road Wing, Ipswich, IP1 3PY.

GUY'S HOSPITAL REPORTS

Vol. 120, No. 3, 1971.

Vol. 120/3 has now been published. The contents are as follows:

Waldenstrom's Macroglobulinaemia: A report of five cases—J. N. Rosenberg.

Intermittent Positive Pressure Ventilation in a Regional Hospital Intensive Therapy Unit: A review of 104 patients—J. F. Searle.

A Comparative Study of Spironolactone and Hydroflumethiazide Alone and Together in the Treatment of Hypertension—M. A. Q. Jamil.

The Effect of pH on the Gastric Absorption of Aspirin—A. R. Cooke and J. N. Hunt.

Surgery at Guy's and St. Thomas's 100 years ago—B. T. Jackson.
The Problem of Drug Hypersensitivity—W. G. Reeves and J. R. Trounce.

A Case of Chronic Active Hepatitis with some Unusual Features—H. C. Burry, et al.

Orders for separate copies of this number, or for annual subscriptions to The Reports, should be sent, accompanied by an appropriate remittance, to the Honorary Treasurer, Guy's Hospital Reports, Guy's Hospital Medical School, London, S.E.1.

The special rates for Guy's men are:

Each Number 63p.

Annual Subscription £2.10.

Everything you always wanted to know about Guy's but were afraid to ask

The Residents' Show, 1972

Dark was the night and totally unlit the streets that brought the faithful, strong in professors and with a sprinkling of vice-chancellors as well, to the Residents' Show of 1972. The Power Strike, capricious as ever, did not realise the manager's warning. If the electricity had failed the Show apparently would have Gone On in candlelight, limelight and in all probability the light of the whole theatre burning down as a consequence. But this delightful and warming prospect was denied us who had to be content with the usual electricity.

In traditional fashion the last of the audience were ushered in, this year a mere twenty minutes late, while the powers of improvisation of Mike Lavelle's talented musical group had barely begun to be stretched. The lights went slowly down to the hooting of owls, the sounds of the burning of midnight oil and bibulous discussion between author, director and producer, as to the improbability of ever getting a play begun at all in 1972.

But begin it did, with a lantern slide demonstration of how a well-known Senior Medical Registrar can keep a cheerful face, even when waking from a comfortable sleep to discover that his nylons have holes in them and that his skirt has ridden up to show his pretty green knickers. With this the curtain rose on a scene of bureaucratic bliss. The faithful Mr. Solace of the Medical School Office ducking, stooping and twinkling, reminiscing over a million sign-ups, weaves in and out of his three industrious secretaries. It is left to Bill Jackson as Solace to do a good deal of spade work in explaining to his helpers the story line right from the outset. This year it appears there is to be a serious competition for the election of "Mr. Guy". Obviously the winner will take all: honour, beds, obedience, more beds, power, pretty secretaries, the lot. By implication it seems unlikely that once elected, Mr. Guy will ever be unseated in his life-time. Solace, Keeper of the Hospital's Memory and Archivist of all our Failings, is a vital man in deciding the short list. It appears that very high among fancied runners is this year's villain and that of the year before last and alternate years stretching far back into the distant past: Dr. Charles ("let them be nervous of me so long as I get into the Residents' Show every other year") Groiner. In comparison with the obvious merits of this notorious steeplechaser all others are rank outsiders. Solace and his Busby Berkely trio of secretaries sing a lively number.

Solacisms

As midnight tolls the knell of sign-up day
And registrars roll out upon the spree
Consultants homeward plod their beery way
And leave it to their conscience—and to me

Chorus:

We've records of your progress
Of the ward rounds that you've missed
The runs you've scored at cricket
And the nurses that you've kissed.
But if you've got a problem, don't hesitate to run
To Solace of the office—before one

In filing cabinets the signs-ups lie
I've got the only key—and there's the snub
They're safe there from the roving Arsonist
And dawn predations of the student's club

Miss Clarkson's notching up another C
She spilled cheap perfume down a patient's charts
Desterilised the boss in theatre three
And didn't watch the final match v. Bart's

The annual Walter Abernathy prize
Was won the second time—by Hingston-Drain
His victory comes to me as no surprise
He was the only entrant once again

I've got so many diaries on my bench
I burn them daily on the office fire
The Dean is very good about the stench
And says its like the streets of Edinburgh

When years have gone since you first trod the wards
And your conscience has at long last found its rest
Just think about the old and yellowed card
Still reposing in a file inside my desk

At this point a celebrated outsider in the form of Dr. Flamingo mutters on to the stage. He solicits Solace's opinion as to how he, Flamingo, the well-known bird fancier who has already given his name to a large pink ostrich, stands in the competition for "Mr. Guy". How oblivious he is to the hopelessness of his chances! How little does he know what Solace knows, that with his sign-ups he will be lucky to make the short list. Never mind Flamingo this year you had a beautiful Schubert Lied to sing and Dai Rowley-Jones' charming tenor voice to sing it with. This was one of the high spots of the evening and had us all hoping, alas in vain, that Flamingo would give a small recital later on.

Sinister Dexterity

I'm a Consultant up at Guy's
A *man of infinite tact and great discretion.*
I'm a Consultant up at Guy's
I hope at least I do give that impression.
I have my Therapeutic Team
That follows in my path
My House Physician sees to that
And polishes my hearth.
He writes my To-and-Fro's and even washes out the bath,
Yes, I'm a Consultant up at Guy's . . . .

We all work very hard up there at Guy's
We know *all* about such things as ECT
We do a lot of that up there at Guy's
The *Non*-Dominant hemisphere holds the key.
I love to know, when people act,
Which hand they do it with,
And that includes their Mum and Dad
And all their kin and kith
On Handedness I'm up-to-date with every latest myth
That helps a Consultant up at Guy's . . . .

I see a lot of Outpatients at Guy's
Where I'm really quite a dab hand at hypnosis—
It's useful treating backache, gout and styes
I've even used it in Astereognosis.
I sit them down, relax them,
And talk in a monotone;
Make a few more soothing noises
And make sure they feel at home;
Tho' too many fancy movements is a thing I can't condone
At least, not while practising at Guy's.

I'm a Consultant up at Guy's
Some people think my manner Autocratic.
But sometimes dogmatic vagueness may be wise
Without wishing to seem melodramatic.
I do expect my House Physician
And of course my Registrar
To be available at all hours
And help me park my car.
But they're all the better for it, and one day they may go far
Though not, perhaps, Consultancy at Guy's.

Shortly after Flamingo leaves, in comes a figure with a very different impact. The formidable Groiner strides on to the stage and at once has us sitting a little straighter in our seats. He is obviously confident, and rightly so, that he is Mr. Guy-Elect. Nevertheless old attitudes die hard. Confident he may be but he is not above trying to have a little peep at his old sign-ups. It is clear to the initiated

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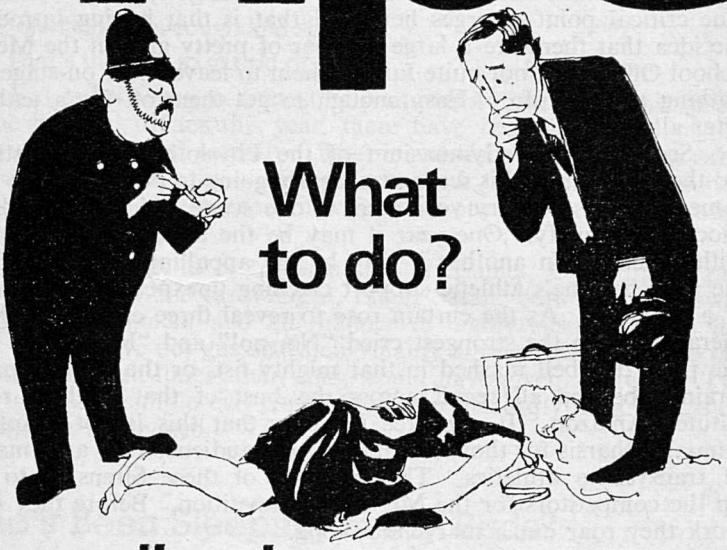

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eye that since no other competitor could match this one in fair fight that some sort of cheating is going to have to begin. After a few powerful exchanges with the cringing Solace, Groiner strides out. He may not have stayed long this time, but we shall, we feel sure, see him again, and again. And how right we are.

Anyone who takes on the part of Groiner is fair game for comparison with a number of notable performances in the past. John Pepper this year was superb, and every inch the man around whom the plot must clearly revolve once again. With the welcome if questionably relevant news that the League of Encouragement of Cruel Sports is to sponsor the cause of Arteriography, the scene ends.

It was pleasing to see Solace, a relatively unfamiliar figure in the Residents' Show, this year, and his secretarial help was charming. One critical point emerges here and that is that having introduced the idea that there are a large number of pretty girls in the Medical School Office, it is not quite fair on them to leave them on-stage with nothing much to do. Easy enough to get them off for a teabreak after all.

Scene II—The Gymnasium of the Physiotherapy Department. To the cognoscenti this scene was clearly going to produce some gruesome moments. Every year there is one scene which is intended to shock and horrify. One year it may be the appearance of a Dean with horns on, in another it may be the appalling results following the poor heroine's athletic support catching unexpectedly in the cogs of a Machine. As the curtain rose to reveal three enormous physiotherapists even the strongest cried "No, no!" and "Horrors!" Pity the puny dumbell mashed in that mighty fist, or the chest expander strained beyond all recoil across the bust of that mightily reconstituted Amazon. It appeared however that this is not simply the annual catharsis for those members of the audience who are amateurs of transvestite athletics. The intention of these Sirens is to tone up the competitors for the Mr. Guy competition. Before they set to work they roar out a marvellous song.

Nymphs of Shepherds House

We're the Nymphs from Shepherds House,
And you'll see us all in trousers
Or gym slips, as through the park we bustle.
White dresses, yellow flashes
We think we all look "smashers"
With sleeves let out, accommodating muscle.

Shake, rattle, cough and spit, that's the way to get rid of it.
But be of good cheer, for five o'clock's near
Then it's off to the boozer for more fags and beer.

On the wards we know the form
As the patients we adorn
With towels and tubes and yards and yards of plastic
No one really knows what fun might
Be gained from a ray of sunlight,
The resultant tan makes us look quite fantastic.

Bend, straighten, tense and relax, all this lifting and
straining will ruin our backs.
If we get much more action, we'll end up in traction,
They'll be pulling our legs again . . . Orphod "quacks"!

Now Hugh Burry is a hunk,
A solid, manly chunk,
Makes Steve McQueen look rather like a fairy.
We do our level best, to emulate his chest,
We get the size, but our's aren't quite as hairy.

This was a tremendous rousing tune carrying us all away with those unforgetable lines:

"Shake, rattle, cough and spit,

That's the way to get rid of it."

As Lord Robens so interestingly omitted to mention in his speech at the biennial dinner this year, there have been a number of new additions to the staff recently. That is not something an avant garde author is likely to miss. This year he took the approach direct by introducing no less than four new faces in one scene (Is this another undesirable novelty?).

The first were, to be frank, a sinister couple. One surgical professor, McColon; one cardiologist, Edgar Satan; both bent on power, change, improvement and all manner of highly suspect things like that. If we have not guessed their villainy at once from the very fact that they are full-timers their song would have given all away. Two solid pages of simple evil from which the dastardly nature of these fellows can be divined.

Who's Been Sleeping In My Beds?

I'm new to Guy's and I'm very polite,
It's part of the healing art.
With a how d'you do, it's good to see you,
May I listen to your heart?
Your prognosis is grim and I'm sorry for that,
How clever of you to see me.
Never mind, just for you a pacemaker will do,
Or possibly two, or three.

Now I'm a Professor with fifty-five beds,
I very seldom smile,
And I think I may say, if you give me an inch
I shall take every bit of a mile.
The life of a surgeon is the life for me,
Chopping and slashing and poking.
If I lay my hands on your anal glands,
You'll very soon know I'm not joking.

I was told that the day of the Empire had gone,
But I never believed what they said.
An empire of mine would resist the decay.
An empire of the bed.
I've colonies in every ward,
Owing perfect allegiance to me.
And they grow more and more as I fight the Just War
For my personal autocracy.

I came from St. Elsewhere's with very high hopes
And an almost infallible plan,
To ease myself in the seat of power
With a hundredweight of bran.
But since I've arrived things have not been the same,
And I think I'm beginning to see,
Though I trust in God and belong to the Squad,
Satan has plans for me.

I'll sup with the Devil and take my long spoon,
And see what the omen portends,
The time is not right to engage in a fight,
I know we will have to be friends.

So now we're agreed we've a terrible need
Each for the help of the other.
If your patient's not dead you may borrow a bed
And you may borrow another
Surgical Caesar and Cardiac King,
Our empire will rise with the Tower,
Whatever has gone on we've got this in common
A terrible liking for power.

I'll ram a few tubes right into your heart,
You'll feel a lot better for this.
You'd never believe what extraordinary facts
I'll obtain from the Bundle of His.
It's a changing world and we can't stand still.
I think that research is sublime,
If we get in a jam an arteriogram,
Will sort you out in no time.

I'm here in the morning and stay late at night,
Distrustful of B.U.P.A. and Wealth,
I work very hard, and I have to, because
It's all on the National Health.

Obviously, with the arrival of this pair, the whole play has begun to take on a most sordid aspect. They realise pretty soon that they can in no way compete with the solid worth of Groiner in the Mr. Guy competition and as a result they take the sporting decision to murder him. Permanently. With a bloodcurdling discussion of the technology of assassination they retire for a little light exercise. The Chief Physio, mean, moody, magnificent David Raper, sets about them with the instruments.

By now it is obvious to the audience that this is a play in which anything can happen. What indeed does happen is that our producers, thinly disguised as Irish surgeons, ride on to the stage on each other's shoulders. That is to say, the one on the shoulders of the other. With a graceful somersault and a whoop, Venery and Flattery, acrobats, songsters, surgeons in their own right and as it happens our Director and Producer respectively are amongst us. With happy cries and a southern charm of manner they sing an Erse duet and dance a little jig. They have a marvellous time and how glad we are to see them at it.

Sinn Drein

Well Flattery's me name and Flattery's the trade
So I never take the piss without a cause
For all urinary diversions from the main stream that are made
The Lodge has laid down several simple laws
Now I'd leave acute retention of compulsory detention
But resect obstructive lesions in the Dail
And I've found the diagnosis of potato-borne nephrosis
Is more common in the female than the male

I've never kissed the 'Blarney' but I've kissed a girl who has
So just believe one half of what I say
I've won the National seven times and broken both me hips
And I walk in an extremely varus way
I've written several theses on the Irish arthodesis
Or non-union in a fractured North and South
But when I'm arthroscoping knees my patients feel no pain
For I anaesthetise with C.S. gas by mouth.

So one day we will go back again to Ireland
And from our homeland never more will roam
But to put you in the picture
We're as busy here as bees
Just dilating English strictures
And feeling English knees
So we'll stay here until Enoch sends us home
Yes we'll stay here until Enoch sends us home.

But do not be deceived, that charm of manner hides stern stuff. These surgeons cannot stand the thought of Mr. Groiner being elected from the ranks of mere physicians and they too come to the conclusion that some irreversible knobbling is the only solution to the formidable Groiner. They too retire for a near-lethal workout.
The Leit-motif of quadruple murder rings in our ears and the curtain rings down, allowing us into the foyer for a much-needed glass of wine, with the dawning realisation that only half the cast had so far appeared and the evening is no longer young.

The overture to the second act was as admirable as that of the first (a few copies of the record remain.....).

As we tapped our feet and admired the pretty shirtings of the gentlemen and of the lady of the Musical Ensemble (we too, Mr. Author, admire the lady trombonist you see), we became aware of porter-like figures before us. One of them was only thwarted from a representation of your Total Frontal Nudity by substantial long combinations. As dress was adjusted the lovely secretaries slunk in from off-stage, left and gave the sturdy guardians of the Car Park a gentle mauling. Harsh commands from the Chief Porter interrupt this dalliance and our porters break into song.

You Can't Do That In 'Ere

Halt. Who goes there
Give name and rank of car
Are you Bentley, Maserati or a Bond?
You won't get in 'ere no quicker
If you've got the proper sticker
So try your luck down Great Maze Pond.

Chorus:

Oh you can't bring that Austin into Guy's
Oh you can't bring that Austin into Guy's
Your car looks much too cheap
And we're trying hard to keep
A respectable car park in Guy's.

A consultant came in here
In January last year
With a truckload of cows behind his Rolls
I'm afraid they ran beserk
And they trampled down the park
And they're trying now to fill in all the holes.

Chorus:

Oh you can't . . . . . .

There was a registrar
Who parked his Fiat here
By writing 'Royal Enclosure' on the screen
But he was rumbled by the boys
Who without no fuss nor noise
Flushed his Fiat down the Nuffield latrine.

Chorus:

Oh you can't . . . . . .

One day just after dark
A Jensen came to park
With some gentlemen with stockings on their faces
But they said it was too far
From the bank up to the car
So we gladly helped them with their heavy cases.

Chorus:

Oh you can't . . . . . .

A lilting marching song owing a certain amount to the tunes of the First World War. This got the whole Act going with a great swing and it was absolutely right that it should receive a riotous reception. On my night at least we were all disappointed when no encore was forthcoming. Off stomped the porters and up went the curtain on the best piece of scenery in the Show, the Wills' Library. There it all was. Tightly padlocked bookshelves. Full of out-dated periodicals, long-since removed by unsigned hands. Stifling heat. Ancient cobwebs. Immovable tab'es at just the wrong height. Into this grove of academe wanders the tousled figure of Dean Bounce.

There is usually a moment in the Residents' Show when one cannot believe that it is not the real thing standing, singing, cavorting or being foully done to right in front of one's eyes. In 1972, for your reviewer at least, this was that moment. Brian Martindale looked amazingly like his prototype and it was only slightly disappointing that his caricature was not a little more pointed. But on with the plot . . . Our Sub-dean is seeking the 'Lives of the Great Poisoners". With fanatical consistency our Author has decided that even Bounce, well known as the kindest man in the Northern Hemisphere, has the occasional weakness for a bit of homicide. especially when it involves a co-author and rival for the Title. What he needs is a Death Philtre and as he looks he sings a little song, in the manner of Pooh Bear, about the daydreams of a clinical pharmacologist.

A Pharmacologist's Vision

Though I'm really the Sub-Dean, I am seldom to be seen
And people think me bright yet unassuming.
And as I sit here on a stool playing tiddlywinks with pills
I dream about my drugs as if they're human.

Now they come alive by night—and to hear them its a fright
For their gossip nearly brings one close to tears.
And I've gathered enough data on medicinal upper strata
To fill the Tatler for a thousand years.

In the most exclusive labs there are still some dowager tabs
Who indulge themselves in most exotic whims.
But they'd think you rather pink if you talk to any tinct
Or try to look their family up in Mims.

Mist. kaolin et Morph says off instead of orff
Though she lives in the best bathrooms in the land.
So when you run to mummy with a touch of Gyppy Tummy
Mist. kaolin et Morph is close at hand.

I've heard Phenelzine and Parnate are rather second rate
They're enlivening but so very hard to please.
It's such a dreadful strain to try to entertain
A couple who just won't eat wine and cheese.

Now good old PAS and INAH have some quite exquisite china
Which they bought at Polybactrin's autumn sales.
And they say that Sennokot would like a new enteric coat
To attract a few poor constipated males.

But Mist. Pot. Cit., Oh Mist. Pot. Cit., I love your pungent taste,
When will its memory ever fade from me.
But you made me feel so ill that I'd rather take a pill
So I abandoned you for Septrin tabs. b.d.

Bounce's little Hum was the prelude to Manifestation of the Bizarre. This was something really new. No Residents' Show has ever seen its like before and you may feel that that's a good thing too and let's hope we don't see anything like it again. I allude to the entry, fresh from Tring, of a mere 400 pounds of contro'led, tanned frenzy in the shape of our Author, thinly disguised as psychiatric registrar, Yorick Marihuana. Riotous applause, graciously acknowledged, greeted his entry. At that moment a library chair disintegrated—mute protest in anticipation of an intolerable load. Mr. Simpson with customary aplomb greeted with kissed fingertips his alter ego sitting in the audience. It took a few moments to realise that he was pulling behind him on a string a little doll's house on wheels. The significance of this Ibsenesque touch was the subject of much specu'ation in the entracte. Brittle jibes follow thick and fast at the expense of the money-raising activities of the Royal College of Psychopathiatrists (*sic.*). The action is temporarily suspended by the need to acknowledge further acclaim from friendly late-comers on seeing our Hero. For Hero is the true rôle of Yorick. No libidinous Houseman, no shrinking Staff-Nurse and no prurient Goings On in the sluice room this year. Instead we have hero and heroine rolled into one in the form of the exuberant Yorick, who is bigger than both of them and twice as natural.

Came the Reggae music and Yorick was belting out "Going Potty" over the footlights.

Going Potty

There was a young lady from Trinidad
Whose family thought she was going mad.
So they picked her up and carried her to Casualty
Where straight away they sent for me.

Chorus:

Emergency! Emergency!
If you've got a knotty problem in Psychiatry
I'm the Emergency Reggae-Registrar
So sit right down, tell me what your troubles are.

There was a young man from Guyana
Who menaced his wife with a banana.
And when she protested she did not feel interested
She was sent to the Munro Clinic and was seen by me.

Chorus:

Emergency! . . . . . .

There was an old lady from Birmingham
Who early one morning jumped into the dam.
They pulled her out and dried her out, then found she was not grateful
So they sent her on to me for an interview quite fateful.

Chorus:

Emergency! . . . . . .

There was an old biddy up on Martha
Who would not let the little nurses bath her.
When they found that with the problem they could not cope
I received a To-and-Fro written on a bar of soap.

Chorus:

Emergency! . . . . . .

There was an old man up on Astley Cooper
Who thought all the dolly nurses very super.
When he tried to pack them up and take them home with him
Sister tried to tear him limb from limb.

Chorus:

Emergency! . . . . . .

Yorick followed this good song with a larger number of rather unfunny ad libs which seemed to me a little self-indulgent.

Meanwhile Bounce, rejecting arsenic as banal, has selected suc*comethoniumsuccinate as the surest system for settling Groiner.*

These murderous maunderings are interrupted by the entry of Nimble-Fingered Noel Groover, the Silver-Templed Surgeon. From him Bounce realises for the first time that he is not alone in his murderous intent. After a few questioning honks Groover bursts into a very pretty song which also has the considerable merit, on this particular evening, of being reasonably brief and none the worse for that.

In Sentimental Vein

As a warm blooded man—if I make myself plain
I am faced with a surgeon's dilemma
For on underground trains I sit staring at veins
And on beaches from Tunis to Jeddha
Now hot pants will hasten the venous condition
Especially when worn in cold taxis
But is the solution to advise operation
Or to dress all my patients in maxis?

What a terrible trial for a warm blooded man
To strip varicose veins by the hour
Though through total revision of Cockett's incision
I have shortened the length of the scar
As I said to my houseman—I've forgotten his name—
"Women's beauty is only vein deep"
But despite my Bravado it's always the same
Women's legs still torment me in sleep

Now we get this condition from the upright position
And the blood stream just pools to the feet
And I once had a scheme—the wildest pipe-dream
For raising the blood with deep heat
But at last I have hit on this wonderful plan
Concocted while watching a clown
We must make women learn—and I'm told that they can—
To spend half of their lives upside down.

Warmly applauded, the modest Groover decides that succamethonian subtleties are not for a man of his open and straightforward habits. He will take nature's way and bludgeon his victim to a pulp with a blunt instrument. (Such as a bludgeon?) On this consistent and contemporary note of wholesale violence in high places the scene ends. Act II, Scene II is the Consultants' Dining Room.
The Irish Brigade are found being served by a trio of unaccountably vicious harpies. We are so glad to see the lads again. They seem to be having such a good time pelting each other with bread rolls up and down a long dining room table. But on with the plot . . .

Enter Flamingo and Yorick. Is, wonders Yorick, the country really ready for Lord Longford? Enter then Satan and McColon. They have decided that while McColon attacks with the fibroscope, Satan will channel the forces of the London Electricity Board through a Machine which, tho' not yet visible, will surely be a High Spot of the Evening. Our Irish friends are going to dispose of the victim by traditional methods. Bounce then appears with a sinister green syringe, Groover with a surgical bludgeon and George Trott carrying (would you believe it?) a golf club. At last, but by no means least, and certainly not unexpected, in floats a figure draped in mystical white. The doomed Groiner himself. Oblivious to menaces from eight murderers and a registrar he converses genially, if a little one-sidedly, while all around him terrible things are going on. From the centre seat of a long table usually occupied by the Principal Diner in paintings of the Last Supper, the victim consumes poison in his soup, is clubbed, exploded with a pair of pretty Jelly bombs, is stabbed, electrocuted by the Machine and has awful things done to him with a fibroscope. But far from being exterminated Groiner is not even interrupted. He notices nothing and carries on talking, talking, talking, and indeed breaks into his song, a conservationist's lament.

Groiner—His Galliard

Take the housemen, what a rabble
Never happy with their lot
Wanting salaries and time off
And all that sort of rot
It wasn't like that in my day
But now they've gone to pot
I've come to the conclusion
It's all a communist plot

Chorus: I'm Conservative, preservative of the status quo
If you're slightly left of centre. I'm afraid you'll have to go
Please never use red ink when you write a To-and-Fro
Reactionary yes, revolutionary no, no, no,

Take the registrars, what a shower,
They're full time—what a laugh
They're never there when needed
And they want time and a half
It wasn't like that in my day
It was all hard work and graft
And after twelve years outpatients
You'll end up on the staff

Chorus: I'm Conservative . . . . . .

Take consultants some are specialists
The rumours going round
Between you and me and these four walls
I don't think they're all sound
It wasn't like that in my day
Their feet were on the ground
Now they're airy fairy research men
Just - - - - around

Chorus: I'm Conservative . . . . . .

Take the nurses doing shift work
From number one to number ten
Instead of all these managers
Give us one good S.E.N.
It wasn't like that in my day
They weren't permissive then
But now it's yes, not now and again
But again and again and again

Chorus: I'm Conservative . . . . . .

Take the students and you're welcome
I've never known such a firm
They won't take blood, they won't write notes
Or plate out one small germ
It wasn't like that in my day
I worked hard all the term
But I'm never really cross with them
Though sometimes rather stern.

Chorus: I'm Conservative . . . . . .

Suddenly when all efforts to dispose of him appear to have come to nothing and our conspirators are collectively desperate, the iron constitution cracks. With a rising blood-curdling yell Groiner rushes through the audience, out of the back of the Hall and vanishes as the curtain falls.

Act III, Scene I—An Antechamber—The Post Mortem Room.

To the music of the Marche Funèbre an apparition of white-booted, gloved and aproned splendour strongly resembling Sampson,

Professor of Forensic Pathology in his retiring year, is found to be taking tea in the morgue. Grimly lit by green and sulphurous fumes he is noticeably all of a medico-legal twitter over the case of the late Groiner. Such a case as will cause loud rattling among Home Office teacups and reminiscence for many happy years of retirement. To join him in his excitement comes, through a warning puff of smoke, a horrid thing. Booted, gloved, plastic-aproned in deference to his Master it is the lugubrious Tweeny. He is Herman Munster, Boris Karloff, Christopher Lee and almost anything you can imagine from Outer Space. Lacking only the well-known nut and bolt passing through the base of the neck from left to right he too is without question a High Spot of the Evening. Caliban to Sampson's Prospero, Greek Chorus, he indicates, to a thousand soliloquies from Sampson's overstocked memory. It is to Tweeny as much as to his audience Sampson sings his Last Song.

Old Bailey

I am a figure often seen
Soberly dressed in black,
My thinning ginger hair near hid
By a bowler at the back.

I'm known throughout the country's courts
And foreign courts as well,
My mellow voice has helped to toll
Many a felon's knell.

I know the signs of poisoning
From drugs or cyanide,
There's not a man his dreadful deed
From my keen eyes can hide.

I'm noted for my expertise
The brilliance of my knife,
I travel round from morgue to morgue
My typist is my wife.

I'm called out by the police to sort
The crimes from natural death,
My fame is coupled with the names
Of those like Haigh and Heath.

When Dobkin murdered Mrs. D.
And tried her corpse to burn,
He did not reckon with my skill
The screw I helped to turn.

I retire from Guy's later this year
Let timid men not dread,
My talents I will still employ
That they may sleep a-bed.

It is Prospero's farewell to his magic, for Sampson retires this year and unless tradition is totally dead cannot be seen on this stage again. How we shall miss him. Without the brisk forensic genius of all those Sampsons, Stripsems, Sinksomes and Smashems of the past many an over-involved plot might never have been solved at all. Anyone in any audience of the last thirty years who was thankful to get home by midnight has reason to be truly grateful for the prime qualities of this hardy biennial, now off to a more leisurely potting shed.

Enter George Trott, bag in hand full of multi-coloured text books, white rabbits and that water pistol with which he unaccountably squirted the porters in a former scene. His entry is to provide Sampson with an audience. Not unwillingly the great unraveller recollects from a commodious memory that in no case in his experience has he seen anything like the fate that befell poor Groiner.

"Not even in the case of Rasputin, that largely unlamented Russian monk, to whom Groiner bore only passing resemblance . . ."

Stabbings he has seen, explodings of course, murderous improprieties, yes, yes, poison, strangulation, fatal proctoscopy, these he has seen many times. Many, many times. But all perpetrated on the same wretched victim? Never. Well, hardly . . . No. Really. Never. Trott is not so certain that there is not some reference to the management of this kind of problem in that well-known therapeutic text book. He then sings his Beguine.

On The Trot

I wonder whether you could find
My briefcase which I've left behind
On Mary, Addison or John.
And tell me, boys, what's going on?

I wonder whether you would look
At Chapter fourteen of my book
And tell me how it is I'd treat
A Mycetoma of the feet.

As my friend Kenneth often says
"Dig. works in many wondrous ways".
I'd leave the Ampicillin too
Is that all right? — or would you?

Let's go to Mary now for tea
Banana sandwiches for me.
And how can I escape the ward

Without being seen by Mrs. Bawd.
Now up the stairs to William Gull
To tap the chest of Mr. Dull.
It keeps the registrars in shape
To take the stairs at such a rate.

Well boys, I must confess the truth
I've left my briefcase down on Ruth.
I'll be at home all this weekend
So ring me if you need me then.

This was a song with a, forgive me, fairly trivial lyric which stopped the Show because Bruce Dick sang it so well. It had a beautiful tune and he crooned it close to the microphone as if he had been doing the clubs for years (There might still be some records left. . .).

Tweeny did a little soft shoe shuffle in the choruses. Quelle Effecte horrible. It is now that Sampson tells us that he well remembers the lady from Walthamstow. He does not tell us what it is exactly that he remembers, but his tone bodes ill for those who have a late train to catch. It seems likely that there is a good deal more to this play than meets the eye and that the next scene might very well get quite complicated.

Read on to next thrilling and revealing scene.

Act III, Scene II

It is the Albert Hall.

At least that is what is says on the programme and here is the character described as Michael Aspirin, vaguely familiar to us devotees of the Miss World Contests. This is where Mr. Guy will be judged, chosen, kissed by the runner-up and eventually crowned with all the tawdry splendour of these occasions. On come the judges, those experts on form, the Medical School secretaries led on by Chairman Yorick. The contestants start to roll down the spangled staircase to possible stardom, a contract with A.T.V., and recognition at last beyond the walls of the Alma Mater. They appear in reverse order of success. Poor Flamingo is first. Useless to flash about in a one-piece swimsuit, he is bottom of the class. Then Venery in national dress (stable gear), McColon (white coat of course), Flattery (Wimpole Street regimentals) who is inclined to chatter.

"Yes, Mr. Aspirin, I'm very interested in stimulating the pelvic floor".

"What! Really?"

"No! Electrically!"

He kindly leaves the stage.

Satan, Groover and the runner-up, so near yet so far, George Trott.

Suddenly all is commotion. Sampson once more is in our midst. Shouting "Stop" or something. We gather that he has news. Tweeny shambles on after him (it surely couldn't be Tweeny? Not for Mr. Guy? I mean to say, innovation is all very well but really . . .). Sampson explains. Certainly he has news. Foul attempts, eight in all at the last count, were made on a colleague's life. Well that is hardly news to us and causes merely a few guilty giggles among the assembled knobblers. But, wait for it . . . Sampson concludes, fortissimo:

"GROINER LIVES!"

From his painstaking examination, fortunately arrested at an early stage, Sampson has concluded that the combined operations of eight ambition-crazed consultants have failed in its main objective

against One whose strength is the strength of ten because his heart is pure.

Sensation! Enter Groiner, somewhat bloody but totally unbowed. Radiantly lovely in yards of Mr. Guy's Coronation Robe, with the attendant Solace doing his best to look pleased about it all. With a smile, a wave, a blown kiss or two and once again the feel of gold all about him Groiner triumphs and is crowned by the runner-up. This is quite a good moment for a triumph for the whole cast is by now on stage and moves smoothly into the finale which is again medley more than reprise.

This year the medley was those rude Rugger Songs set to new and jolly lyrics all about the hardworking life of hospital residents, for a change. The curtain came down to deservedly loud and enthusiastic applause.

Oh Sir Hedley do not cut me
Oh Sir Hedley do not cut me
Oh Sir Hedley do not cut me
As she lay between the lily white sheets
With nothing on at all.

Oh sing, oh sing—the Song of the Stethoscope,
For it's a great and a glorious thing!
Each of them differs a bit in style
And that is why we so proudly sing:—

Harris has only got one Bell
Fluck has two, but they are rather small
Stimler has something simmler
And good old Hartfall uses no bell at all.

If I were a Registrar
Which thank the Lord I'm not Sir
The boss for whom I'd like to work
Would be an Orthopaedic Surgeon.

I'd have it off
He'd have it off
We'd have it off together
Getting up tight in the middle of the night
Having it off together.

. . . . . Consultant Surgeon.

I'd cut it out
He'd cut it out
We'd cut it out together
Getting up tight in the middle of the night
Cutting it out together.

. . . . . Anaesthesiologist.

I'd have a squeeze
He'd have a squeeze
We'd have a squeeze together
Getting up tight in the middle of the night
Squeezing the bag together.

If I were a Registrar
Which thank the Lord I'm not Sir
The boss for whom I'd like to work
Would be a Guy's Consultant.

I'd do his work
I'd do his work
I'd do his work
I'd do his work
I'd do his work . . . . . .

Complications come from the Virgin Surgeon
Wound infections and fistulae
The Virgin Surgeon needs no urgin'
That's why I'm making an appointment with Medical Outpatients instead

---

Oh we're off to join the Starling Round
Without papers and our references too
The up-to-date physician measures clinical condition
So we're off to join the Starling Round.

THE BALL OF KIRRIENECTOMY

Four and twenty surgeons
Came down from Inverness
To our Operating Theatres
To show off their prowess

Their footwork it was fancy
Their fingerwork was neat
With Tam O'Shanters on their heads
And Boots upon their feet.

Sir Vical Smear was also there
A-cutting out the liver
Replaced it with a ball of string
And threw it in the river.

Theatre Sister made the tea
And handed out the biscuit
The Scrub-nurse wondered if she dared
And then she thought she'd risk it.

The Registrar he cut it out
The Houseman put it back
Nurse wrapped it up in cotton-wool
And sent it to the lab.

Chorus

Gauze to your partners
Mask and gown and all,
And if I don't get my forceps out,
We'll never get done at all.

'Twas Christmas Day in Hunt's House
That day of all the year
When the patients' hearts were merry
For they'd had 10 mls of beer.
Then in strode Dr. Satan as he counted out the heads
They said "What d'yer want for Christmas, Doc"
And Satan answered "Beds".

And it's tidings of comfort and joy
Comfort and joy, and it's tidings of comfort and joy.

'Twas Christmas Day in Nuffield
And the tribe was standing round.
While the Sheikh with all his camels
Lay stretched out on the ground.
Then up spoke Mr. Lacklurn, as he paused beside the bed
"I don't want my fees in livestock
But I'll take your wives instead".

He was pure, but he was honest,
Victim of Consultant wrath
Though he thought he was off-duty
Yet they bleeped him in the bath.

It's the same on every Ward Round,
Isn't it a bleeding shame?
That whate'er has caused the trouble
It's the Houseman gets the blame.

"Come to the Ward", said angry Sister
"Mr. Johnson's just been sick,
'And it really looks quite nasty
"Come at once, and make it quick".

He got dressed in such a hurry
Then ran damply down the stair.
Through the Colonnade he scurried
As he tried to comb his hair

When at last the Ward he entered—
Strode up to the bed of pain.
Mr. Johnson smiled quite warmly,
Then was promptly sick again.

The basin, full of ruby liquid,
Looked alarming, right enough.
But a bottle at the bedside
Held some very sim'lar stuff.

"That's not blood—that's just Ribena",
Said the Houseman, looking sage.
Nurse said "I don't wish to know that,
Would you kindly leave the stage".

Well, for those of you who could not quite make it in the power strike, or who habitually rely on some poor reviewer scribbling away in semi-darkness, that is approximately how it went this year and a very enjoyable evening it was too. Quite apart from the performers and those whose names appear on the programme, we have to be grateful to a large number of faithful supporters in the form of colleagues who do extra work, nurses who are forebearing with late arriving housemen, professors of physiology robbed of their theatre for weeks at a time and everyone who pitches in to help with the annual farrago with very little thanks and a good deal of inconvenience and unfailing cheerfulness. On behalf of a large audience in two theatres each night I would like to thank them all most sincerely.

A lot of the enjoyment of this show came from the way so many of the actors were obviously themselves enjoying what they were doing. In this I think particularly of Morna Van Essen who as a Medical School Secretary Bird had some beautiful grace notes. Gordon Jackson and Roderick Hay as the Irish surgeons, charmed us with great ease and it was always a treat to see them back. Piers Reinhold, as the last Sampson of them all, did his part justice, and he had the confidence and authority which allows the audience to relax knowing that things are obviously in very competent hands. Michael Seear as Tweeny stole the show for a few moments at his entrance which was a classic. The near innovation of having a registrar as a main character was justified this year if not before by Yorick Marihuana's muted interpretation of Mike Simpson. This was a tremendous, exuberant performance which helped carry the whole play along, despite his obvious gifts for ad libbing which at times threatened the progress of the plot and looked suspiciously like a spot of ego-tripping. John Camm as McColon and Alan Scourfield as Satan were devotedly power struck! But although carefully studied their characterisations were both a little cold and a little off the mark. Nothing cold though about those physiotherapists! David Raper, Rod Thomson and Mike Redfern made the very best of their opportunities with the padding, the grievous bodily harm and the putting over of their marvellous

hawking and spitting song which comes to mind every time I see a bronchitic or a physiotherapist. And who would have thought that the guardians of the Car Park could be such agreeable and musical characters after all? Brian Martindale created a reasonably Bounce-like miasma but I think it true to say that the real show-stopping take-off of this character has yet to come. Dai Rowley-Jones as Flamingo, Tim Higenbottam as Groover and Bruce Dick as Trott each had smaller parts but each of them sang so well. Indeed there was an exceptional array of talented voices this year and the songs had obviously been very carefully rehearsed and imaginatively produced. This really is only fair since the music by Mike Lavelle once again was outstandingly good and many of the numbers will certainly become Show classics. Flamingo's Lieder, Groiner's Galliard, The Nymphs of Shepherds House, the Porter's Song, the Reggae Registrar were a few of the outstanding ones. But there was not a dull note among the lot and this is a tremendous achievement. Once again the composer at the piano was backed up at just the right pitch and volume by his faithful group of Peter Inwood (how many years is that in a row?), Colin Baker, Hugh Fuller, Bruce McLeod and that talented adornment, Lady Trombonist Lynn Callow.

With all this to be thankful for I think it must be said that the story line this year was not the strongest that we have seen. The idea of the "Mr. Guy" competition in itself was explained very early in the play and there was little counterplot or paradox to add any tension to the inexorable unrolling of the idea. In addition the play was really too long. The songs were long, the scenes were long, some of the scene changes were long as well. This is really where the author, producer and director have to exert enough brutality on their colleagues and themselves to cut out favourite lines, to eliminate promising characters, even to chop up songs which in rehearsal seem to be the funniest part of the show. Without this heartbreaking catharsis the best parts of the show become diluted by the less good and the audience's attention is gradually sapped as the hours roll on. I would not like to be thought to disapprove of Resident authors, Resident producers and Resident directors because I am quite certain that this show owed such an enormous amount to all three. The direction was highly competent and in view of the continual need to remind oneself that Residents are not chosen for their acting abilities the results were once again exceptional. But if this year's show was not quite vintage there were certain parts in it that were. We have mentioned the music and some of the actors but it is John Pepper's portrayal of Groiner which I save to the end. This was a Groiner against whom all future Groiners will be measured. Beautifully controlled, perfectly caricatured and never a moment where the Leader was not in complete control of all those around him. It was always good to see him and we were always waiting for his next appearance. Certainly this was "Mr. Guy, 1972".

C. N. Mallinson

"Some photographs from the play will appear in the next edition of the *Gazette*."

The Surgical Referral Clinic at St. Olave's

N. J. Barwell, F.R.C.S., R. J. Heald, M.Chir., F.R.C.S.

In October, 1970, John Powell-Jackson reported in the *Gazette* on the first 200 patients seen at the Medical Referral Clinic at St. Olave's. Soon after this, with the blessing of the consultant staff, we introduced a similar service for surgical patients. For the sake of completeness it seems worthwhile to record the success of the clinic, and to venture the suggestion that it is a good way for any hospital to serve its General Practitioners and its own interests at the same time.

Any new case that the Practitioner would like to be seen by a surgeon can be sent without appointment at certain set hours each day. The surgical registrar on duty must be available at these times and he provides a second opinion and arranges either admission or referral to an appropriate Out-Patient clinic. No follow-up appointments are allowed in the Referral Clinic—it is a "once only" service and is not for the chronic or "disposal" problem. It thus has the double advantage of a high yield of acute cases for the hospital, and an easy and trouble-free source of a second opinion for the G.P.

In essence the scheme bridges the gap between the Out-Patient system and the emergency and casualty services. Finally, as a special inducement in the competition between hungry hospitals in this area, a pile of pre-addressed envelopes lies hopefully on the practitioner's desk!

The table illustrates the value of the clinic during the nine-month period January-September, 1971. Two hundred and sixty-five patients were seen and a third of these admitted immediately. This underlines a further advantage that admissions of intermediate urgency are concentrated at one time instead of being spread over the whole twenty-four hour period. Nearly fifty of the G.P.s availed themselves of the service although the bulk of the patients came from the regular doctors with whom the hospital has the closest ties.

Surgical Referrals January to September, 1971.

	Number Seen	% Total	
ADMISSIONS	49	19	
WAITING LIST	27	11	
OUTPATIENTS	96	35	
TRANSFERS	31	12	E.NT., Medical etc.,
RETURNED TO G.P.	62	23	
	265	100%	

This system requires no extra staff, costs little or nothing, and provides both patients and doctors with a service. It recognises that two heads are better than one, reduces the protective barrier around the hospital and leads to an easier and closer relationship with the Practitioners. In addition it makes readily available to them the skills of the registrar, which are, in London, sometimes in danger of atrophy from disuse. In a teaching hospital it would also provide an excellent acute clinic for students to attend at a fixed time each day. Since the winds of change seem to be blowing through the lower reaches of New Guy's House perhaps we might dare to suggest that the R.M.O. and R.S.O. at Guy's might run a teaching referral clinic each day in this hospital.

NURSING SECTION

A QUESTION OF ATTITUDES

One of the great advantages which nurses have always enjoyed has been the fact that the onus of decision making can be passed to the medical profession. This of course is not entirely true for those working outside the hospital environment but it is for those within. In addition the wishes of the medical staff are frequently used as a scapegoat and excuse for any routine in the Ward setting which the nursing staff do not wish to alter.

Nurses are for the most part extremely inflexible in their attitudes and this unfortunately is handed from one generation to another so that even today's trainees are going to adopt in all probability views which are no different to their predecessors. Thus the profession is very reluctant to introduce alteration. This is particularly noticeable in relation to the wearing of uniform. In certain instances this is not essential. Attempts to abolish it however have resulted in failure, very often due to these attitudes and the fact that many nurses are not capable of undertaking their duties unless they are hiding behind the shield of a form of dress which would have done credit to Florence herself. These people demonstrate inflexibility and inadequacy.

A similar situation frequently exists in the Wards. Any suggested changes or questions as to why a certain procedure is continued meets with the reply that the Consultant insists upon it. If only some of these oft quoted people had some idea of what was attributed to their wishes they would be more than mildly surprised.

Naturally it is the duty of nurses to follow instructions from the medical staff. They should not however cover their reluctance to undertake a course of action by inventing instructions which have never been issued purely to evade responsibility. This is neither conducive to progress, nor does it assist in asserting nursing as a profession in its own right. Whilst it is thought that nurses are not ready to take reponsibility then it will not be afforded.

It is surely time that nurses began to stand on their own feet, and stopped sheltering under the wings of their medical colleagues. In so doing they would improve their image and eventually their status.

OBITUARY

Jean M. Jenkins, M.C.S.P.

On 15th March Jean Jenkins died in Guy's Hospital, to which she had first come as a student physiotherapist in October, 1940. In 1943, on qualifying, she worked first as a locum, and then was appointed in October to the permanent staff.

By 1948, she was the senior working physiotherapist with responsibility for allocating patients to the junior staff and supervising their work. At this time she treated the patients of Lord Brock (then Mr. Brock) and so broke new ground in physiotherapy. She published articles and lectured on this subject.

In 1954 she was appointed Deputy Superintendent in the department under Dr. Crisp, and in 1959 she became Superintendent Physiotherapist to work with Dr. Kendall and then Dr. Burry.

Her principal concern in life was with people, and she took great interest in her staff and in the doctors who worked in Shepherd's House. Many of them were entertained in her flat in the Borough High Street, which was approached through the Old Clink Prison Gateway and up an Elizabethan staircase. Here, she was attended by two magnificent white cats, whose black counterpart, Garibaldi, has since become the department's mascot. If this suggests a precious, old-maidish attitude, it could scarcely be more false, for she took a delight in the young, in their fashions and their affairs, and was especially proud of her god-children's achievements. The junior members of her staff could rely on her readiness to do battle on their behalf if she felt them to be threatened. The students, too, were acutely observed, and her pungent comments were always to be heeded when assessments of progress were to be made.

She was interested in art, in antique silver, and the theatre, and professionally had co-operated in recent years in the treatment of low-back pain with Dr. Kendall and Dr. Burry, of peripheral vascular disorders with Mr. Ellis and joint mobility with Dr. Grahame.

The physiotherapy Christmas parties were largely her inspiration. She invariably presided behind the bar, well-positioned to greet the guests and to speed the uninvited.

Her commonsense approach to physiotherapy and maintenance of high professional standards will be missed in Guy's. She was, above all, a civilised person who valued the many friends she had made among past and present members of the Guy's community.

R. J. Cooper

SPORT

POUNDS, PENCE AND PLAYERS

It is well known to all club secretaries that the revenue they can expect from a Hop has dropped off in the past year. For the sports clubs particularly this is a blow, since the cost of new projects is out of reach. For example, the Boat club needs a new boat since "you can't enter a formula 3 race with a formula 1 car." Now even the most efficiently run Hop will make only one third of the profits that it did last year, and this will usually be in the £20—£30 range where formerly £60—£90 was the rule. The fall in revenue will hit the tours in particular which have always been well subsidised.

So our sport should not rely on cash, and probably this is true for the dedicated, but not for the freshmen and newly initiated. We all wish to run around as cheaply as possible but, when all the money has been allocated, very generously on the whole, by the club's council, it still remains for the individual clubs to raise money on Hops if they are to function normally.

Thus, having made little profit on their Hop, club secretaries are short-sighted in their approach to paying member's travel expenses. Officially the players should pay the first 37½p but anything more can be claimed. It is seldom forthcoming from the tight-fisted secretaries. No one, especially the freshmen who are new recruits playing their first season away from school, appreciates spending £1 or more on travel each weekend.

If a Hop is run inefficiently or even not at all, then not only are the visitors put off future Hops but the more efficient clubs feel annoyed because they could have made a healthy profit. If we appreciate that a good Hop one week enhances attendance for the next then clubs should agree to run them as efficiently as possible. A little organisation and forethought are all that is needed; any cash put into advertising is repaid manyfold.

Perhaps we could allocate Hops in a more selective manner giving preference to the clubs who ran efficient Hops the year before. Certainly we should ensure that the standard remains high and that maximum profits are achieved whichever club is running the Hop.

SPORTS SUMMARY

While the Hospital has had little success in the major cups it has been a good season for the 2nd teams. Both the Junior Rugby and Hockey cups fell to Guy's. In the Rugby, Bart's were beaten in a semi-final replay and the London went down in the final. In the Hockey St. Thomas's were beaten 2-0 in the final, a great triumph for Tony Holland and his side. The 1st XI Hockey side lost to Bart's 0-2 with a replay after a 3-3 draw. This was their third cup final replay in three years and though the cup has been shared once it has not yet been won outright.

However, congratulations to the Ladies Judo team for winning the University of London Inter-Collegiate Cup. This success has had much to do with the training of Paul Hewish. Also congratulations to Bob Fell who has been elected Captain of the University Hockey Club for next season.

ATHLETIC CLUB

The season is almost here again and for the first time for many years Guy's A.C. is branching out into matches with non-hospital clubs. This means more than ever that a regular team is needed.

Standards vary from top class down to "also-ran" and there is therefore room for all interested in a little exercise.

The season starts with the University of London Championships on 29th April. The H.O.P. track should be available before this date but those requiring better facilities should use Motspur Park.

Also, a tour is being organised for early in the term. All freshers please leave your names on the list on the Athletic Club notice board.

BARRY JONES,
Captain.

GUY'S v. EXETER

26th February, Lost 45—12

Such a wide score margin and against a side which Guy's normally hold requires some explanation. The problem was painfully apparent to those who were present.

For a variety of reasons a number of regular first XV players were unavailable. Consequently there were three new faces in the pack and two other forwards were forced to play out of position. The worst result of these changes was not so much a failing of enthusiasm or skill but a reduction in overall physical strength and stature.

A light and relatively inexperienced pack could still have contained the Exeter forwards by advantage of mobility but on a pitch of churned Devon clay Guy's had the worst of all possible worlds. The story of the game was quite simple. The Guy's forwards were deprived of possession in every phase of play. In the scrums they were pushed back yards and the front row was split repeatedly. The disparity in strength and size told also in the line-outs and mauls.

Without the ball the Guy's backs could do nothing but tackle and this they did with courage throughout the afternoon.

Against a notoriously physical side there was no solution to Guy's shortcomings. Croft played a true captain's game, scoring two tries and exhorting his players to fight on. Not every player showed the same amount of heart but it probably made little difference.

Team: T. Want, T. Gibson, R. Massey, K. Rigg, M. Gilhooly, P. Reasbeck, H. Holliday, M. Portelly, C. Croft, A. Cook, D. Jones, T. Druett, R. Fitton, A. Portelly, M. Danford.

T.G.

Guy's II XV v. Old Creightonians 1st XV

Won 21—18.

Following their cup victory on the Wednesday, Guy's had a mangnificent match against old Creightonians, winning 21-18. This, despite having five of the pack and two backs promoted to the 1st XV.

This match saw the welcome return of Gethin "Tiddler" Evans to the rugby scene. Although playing in the foreign position of wing forward, he showed his amazing versatility by scoring two tries. The last of which he popped up in the wing position and his final dive would have made Nureyev proud. Everyone deserves a mention for this was a true team victory. The pack although heavily outweighed and outsized, gave nothing away and indeed in the last quarter completely dominated the opposition. John Burgess did some sterling work and capped a fine performance by scoring a try after breaking from the back of the scrum. But it was in the loose play that the forwards really dominated and won so much good ball for the backs who responded by some fine handling and running. Richard Moore seems to improve every time he plays and Taffy Owen, also making his return after injury, showed all his usual flair.

Scorers: R. Moore, G. Evans (2), J. Burgess, C. McLauchlan kicked 1 penalty and 2 conversions.

Team: T. Mellor, C. McLauchlan, R. Barrough, R. Moore, A. Compbell, G. Owen, D. Merrett, G. Marcus, C. Howell, A. Collect, M. Wood, T. May, G. Evans, J. Burgess, B. Hedley.

Artists XV v. Old Alleynians XV

Lost 37—3.

It was one of those rare occasions when the Artists actually ran on to the pitch (prompted partly by the cold). Our enthusiasm was daunted somewhat, however, by an early try from the opposition. Langdon soon narrowed the gap with a fine penalty goal, but two more tries against us before half-time brought the score to 12—3, and morale to a low ebb.

Hearty exhortations from McLeod and Ramsay temporarily renewed the spirit, but our kicks were unsettled by the O.A. play of bringing blind-side winger and full-back into their line.

Norfolk brought a touch of professionalism to the team with some splendid solo breaks, but the forwards, not used to playing 40-minute halves, against a team that admitted they train, were hard pressed to arrive near the loose ball in time to gain possession.

With a final score of 37—3, the worst disaster was yet to befall us—the O.A.'s closed their bar at 6 o'clock, leaving the hard core of the Extra Beer's and the Artists to seek further refreshment elsewhere.

It was generally agreed tnat tne challenge of playing a 3rd team was enjoyable, despite the fact that we were unable to meet that challenge in a way that we should have liked.

Team: Wheeler, Green, Rowlands, Young, Kinchin, Ramsay, McLeod, Coats, Davies, Norfolk, Jones, Langdon, Wynn-Jones, Lewis, Houghton.

P.E.L.

SQUASH RACKETS

SINGLES TOURNAMENT

The singles tournament was finished on the last day of term. Iain Nicholson, seeded 1, had a comfortable path to the final when he met Jerry Owen, the holder, seeded 2.

Iain won the toss and elected to serve. He started as if he intended to win very quickly, won the first game in a few hands and raced to a 5—2 lead in the second. He then let Jerry take control of the centre of the court and, in an attempt to regain control, made some careless mistakes, allowing Jerry to take the game.

However, the loss of the second game made Iain tighten his game, while Jerry, visibly tiring, began to lose control of his drives. He conceded three penalty points in as many minutes and with them the third game.

BOAT CLUB

THE UNIVERSITY OF LONDON HEAD OF THE RIVER RACE

Two eights were entered for the U.L. Head which was held from Mortlake to Putney, a distance of four-and-a-half miles, on 23rd February.

Having won the event last year, the 1st VIII were eager to retain the trophy, grotesque as it was, and it was decided after the first one or two outings that the best tactics would be to form a composite crew of 1st VIII squad and other more senior oarsmen. Subsequently, with an impressive Crew List, training continued on land and in small boats. On the day of the race, Tony Fenn who was at the time training with the National Olympic Squad was taken ill, and Chris Price was called in at the last minute.

Guy's 1st VIII rowed off first followed by Imperial College and Tyrian. The race to Barnes was uneventful and Guy's were holding the clear water, but as the crews turned into the headwind conditions worsened and Guy's hit the wash from a tug (and practically hit the tug itself) slowing considerably. There was neither the weight nor the stamina to carry the boat through this rough patch and I.C. came through to win. Tyrian—the U.L. second boat coxed by Fred Moorhouse—finished first but did not officially enter the race.

The Guy's 2nd VIII were more fortunate in many ways in that they had consistently trained together as a crew, although not over four-and-a-half miles. As a novice crew they rowed well and apparantly without mishap. It was not surprising to see, on returning to the boathouse, that the crew had been placed last in the field of twenty-odd, but this position seemed erroneous to the crew for, although they had not overtaken anyone, they hadn't to their knowledge been overtaken and ought therefore not be placed so low.

In due course the error was proven, and the 2nd VIII finished 0.6 seconds behind the winning novice crew from I.C.

1st Crew: Bow, G. Moulding; 2, D. Scott; 3, C. Price; 4, N. Odom; 5, R. Pinckney; 6, A. Chivers; 7, P. Stuart-Bennett; Stroke, B. Matthews; Cox, D. Coates.

2nd Crew: Bow, S. Rigby; 2, G. Dodsley; 3, M. Browne; 4, G. Yeates; 5, D. Beardsley; 6, M. Thomas; 7, P. Read; Stroke, G. Vevers; Cox, C. Pugh.

READING HEAD OF THE RIVER RACE

Once again two eights were entered for the Reading Head held on 11th March. It was a miserable day and bitterly cold as we put our boat together and rigged it outside the beer tent. Recollecting the three hour long wait up river last year, we didn't take to the water until the last minute and even then reluctantly. When we did arrive at the start there was the usual confusion and disorganisation and we pulled into the bank and grabbed an obliging willow tree to wait the start. The crew were too cold even for the traditional chorus of "Guy's Patients".

Almost at once the maroon went off to mark the start of the race and the first crews began to turn. At this time the novice crew—coxed by Charles Pugh—steamed down the middle of the course in the path of the racing crews completely oblivious to the shouts from other crews and the Marshals to get out of the way. In his inimitable manner Charles steered his ship onward, and everyone knew that Guy's had arrived.

The first boat overtook five crews in all (although the first two had collided at the start and been swept down a backwater at Mapledurham.) It was quite a solid row over at a steady 31 rating, and the unofficial position of sixty-six in one hundred and twenty-three did not do the crew justice. In fact a timing error is suspected. The second boat moved up ten places to finish 113th, but the last word goes to the Official Commentator: "and of course, last over the line is Guy's Hospital!"

1st Crew: Bow, G. Moulding; 2, D. Scott; 3, C. Price; 4, N. Odom; 5, R. Pinckney; 6, C. Ellis; 7, M. Gleeson; Stroke, B. Matthews; Cox, D. Coates.

2nd Crew: Bow, S. Rigby; 2, G. Dodsley; 3, M. Browne; 4, G. Yeates; 5, D. Beardsley; 6, M. Thomas; 7, P. Read; Stroke, G. Vevers; Cox, C. Pugh.

G.M.

NOTICES

SPORTS

HOCKEY

The Past v. Present game has been re-arranged for Sunday, 23rd April at H.O.P. If anyone is interested please contact Roger Lallemand, Department of Surgery.

FIXTURE CARDS

Would all Club Fixture Secretaries please note that the fixture cards normally supplied by the Medical Sickness Society are not now being printed by Denis Weaver Ltd., Dover.

Secretaries of Clubs who have their cards supplied by the Medical Sickness Society should send their fixture lists to the Head Office:

P.O. Box 449,
7/10 Chandos Street,
Cavendish Square,
London W1M 0AD.

C. G. LANGDON,
Hon. Assistant Secretary,
Club's Union.

HOSPITAL INFORMATION

GUY'S HOSPITAL
HOUSE APPOINTMENTS

1st June, 1972

Applications are invited for the following house appointments due to begin on 1st June, 1972. Forms of application are obtainable from and should be returned to Mrs. Webster, Administrative Assistant for Medical Staffing, not later than **20th April, 1972.**

The following house appointments will be for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months appointment:—

House Physicians 3
House Surgeons 3
Throat and Ear House Surgeon 1
Gynaecological House Surgeon 1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months appointments at Guy's or elsewhere:—

House Physician 1
House Surgeon 1
Children's House Physician 1
Genito-Urinary House Surgeon (*or post-registration*) 1
House Surgeon to the Thoracic Unit .. 1

The following post-registration and S.H.O. appointments will be for six months:—

Resident Obstetrician (S.H.O.) 1
Casualty Officers (S.H.O.) 3
Resident Anaesthetists (S.H.O.) 2
Senior House Officer to Nuffield House (S.H.O.) 1
Senior House Officer to the Renal and Transplant Units (S.H.O.) 1
House Physician in Child Psychiatry (post-registration 1

EVELINA HOSPITAL

Children's House Physicians (post-registration) 2
One to commence 1st June, 1972.
One to commence 1st August, 1972.

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) .. 1
(preference given to second 6 months candidate)
House Surgeon (pre-registration) .. 1
(preference given to second 6 months candidate)

NEW CROSS HOSPITAL

House Physician in General Medicine with Rheumatology and Geriatrics (pre-registration) 2
(preference given to second 6 months candidate)

OUTER HOSPITALS

Preference will be given to second 6 months candidates for the following posts, but first 6 months candidates may apply.

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases 1
(locum available 16th-31st May)

GREENWICH DISTRICT HOSPITAL

(married accommodation available)
House Surgeon with E.N.T. to Mr. O'Flynn, Mr. Wilson, Mr. Hollis and Mrs. Wengraf 1
(pre-registration) 1
House Surgeon in General Surgery and Urology. Mr. Eldin, Mr. Williams and Mr. Park (pre-registration) 1
House Physician to Dr. Mallinson (pre-registration) 1

LEWISHAM HOSPITAL

House Physician to Dr. Price (pre-registration) 1
(locum available 14th-31st May)
House Physician to Dr. Roberts (pre-registration) 1
House Surgeon to Mr. Ivo Smith (pre-registration) 1
House Surgeon to Mr. Lynn Evans (pre-registration) 1
(locum available from 16th-31st May)
Houe Surgeon with Orthopaedics to Mr. Monty 1

MILLER GENERAL HOSPITAL

House Physician to Dr. Hartley, Dr. Bassadone and Dr. Mallinson (pre-registration) .. 1
House Surgeon to Mr. O'Flynn (pre-registration) 1

ORPINGTON HOSPITAL

House Surgeon with Orthopaedics to Mr. Boxall and Mr. Lam 1
House Surgeon with Orthopaedics to Mr. Walker Brash and Mr. Lam (pre-registration) 1
House Surgeon with Gynaecology to Mr. Boxall and Miss Austin (pre-registration) 1
House Surgeon with E.N.T. Surgery to Mr. Walker Brash and Mr. Rainer (pre-registration) 1
House Surgeon with Dental to Mr. Boxall and Mr. MacDonald (pre-registration) .. 1

PEMBURY HOSPITAL

House Surgeon *(pre-registration)* 1
House Physician (pre-registration) .. 1

ST. NICHOLAS' HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott (pre-resgistration) 1

ST. HELEN'S HOSPITAL, HASTINGS

House Physician in General Medicine and Geriatrics to Dr. R. Irvine (pre-registration) 1

P. J. HELLIWELL,
Superintendent.

March, 1972.

GUY'S HOSPITAL
BOARD OF GOVERNORS

Applications are invited for the appointment of **Medical Registrar** for the period 1st May to 30th September, 1972. Apply immediately to the Superintendent, Guy's Hospital, London, SE1 9RT.

PERSONAL

BUSY Harley Street private dental practice for sale this Summer. No N.H.S. ever. *Modern equipment but not horizontal.* Owner prepared wait suitable purchaser. Box No. 2/4.

PLYMOUTH—Opening for conscientious dental surgeon in busy two-man practice owned by Guy's man, with a view to partnership. N.H.S. experience essential. Laboratory on the premises. M. P. O'Reilly, 18 Mutley Plain, Plymouth, Devon.

CHANGE OF ADDRESS

Dr. I. G. McGill, Little Meadow House, Plymouth Road, Totnes. TQ9 5LH. Tel.: Totnes 2827.

Dr. and Mrs. Ian V. Jones, Apartment 33, 1923 Viking Drive, Rochester, Minnesota 55901, U.S.A. and the Mayo Clinic, Rochester, Minnesota 55901, U.S.A.

BIRTHS

MORRISON—On 11th February, 1972, at Mayday Hospital, Croydon, to Heather (née Kerr) and Donald, a son (David William Randolph).

BOWDEN—On 3rd March, 1972 at Farnborough Hospital, to Judith (née Blockley) and Michael, a son, Guy Henry.

ENGAGEMENT

MORSMAN—BAILLIE—The engagement is announced between Dr. John Morsman and Miss Valerie Anne Baillie, S.R.N., S.C.M., both at present of Farnborough Hospital, Farnborough, Kent.

MARRIAGE

JONES—CHESTERFIELD—On 4th March, 1972 at All Saints, Patcham, Sussex, Ian Vivian Jones to Jane Ann Chesterfield.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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NEWS EDITORS C. G. CHINERY and D. I. F. KELLEHER
SPORTS CORRESPONDENT R. W. BURNS
NURSING CORRESPONDENT Miss P. M. JEFFERIES
BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2186

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Physical Society

In the past three years absence of interest in the Pupils' Physical Society has resulted in a lack of meetings. A number of clinical medical students are renewing interest in it and, as advertised later in the *Gazette,* announce an Extraordinary General Meeting on 2nd May. The Physical Society, founded at Guy's in 1771, is the oldest medical society in London. In the nineteenth century it spawned the Pupils' Physical Society. The Society aims to promote interest and participation in the field of medical science through regular meetings at which medical papers and cases are presented by students for discussion. Each year two prizes are awarded by the students' committee for the best contributions.

It is now proposed that meetings of the Society, to adopt again the name The Physical Society, should be resumed on their former basis.

White is Beautiful

"We would like to announce the arrival of * * * *," the airport loudspeaker says in a skin-cream advertisement seen frequently on East African film screens; whereupon a tin of * * * * lands on the runway, taxis across the tarmac, rolls inexorably through customs and passport control and is finally halted by a smiling family of four Africans, all of whom apply the cream liberally to their faces, which pale visibly at the touch.

Alas for them, their smiles may fade when they read of the discoveries of Professor H. M. Cameron and his team from Nairobi's Kenyatta National Hospital, reported in this week's B.M.J. They exposed in young English-speaking adults (i.e. that sector of the community most likely to respond to advertising pressure, or equally, most susceptible to the curious desire to have a lighter skin) a strong correlation between the nephrotic syndrome and use of skin-lightening

creams. This was attributable to the active ingredient most commonly used in the creams, amino-mercuric chloride, whose renal toxicity is high.

One cannot help but question why, in Independent Africa there should be a desire to have a paler skin. Life is unlikely to become easier as a result. But as African achievements become more tangible over the years, and Africans find it less necessary to mimic things European, maybe the desire (admittedly, not widespread) to look less African will decrease. Until then the adage that white people wish to be browner (witness the beaches of Spain—rare, medium or well-done sir?) and black whiter, appears still to be true. Unwittingly, perhaps, the Nairobi team may have put a temporary halt to the trend.

NOTICE

The Physical Society

Extraordinary General Meeting

to elect Officers and Committee Members

on 2nd May, 1.00 p.m. North Common Room, East Wing.

Nominations will be accepted at the meeting.

GUY'S DIARY

APRIL

24	M	1.00	Clinical Lecture. Dr. McGEHEE HARVEY of the John Hopkins Hospital. "Paraneoplastic Syndrome" Dr. Harvey is an Honorary Associate Consulting Physician of Guy's
25	Tu	1.00	Clinical Lecture. Mr. FAWCUS "Disorders of Communication in Adults".
27	Th	1.00	Clinical Lecture. Dr. SCOTT. "Pulmonary Tuberculosis".
28	F	1.00	Clinical Lecture. Mr. WATSON. "Management of Ocular Diabetes".

MAY

1	M	1.00	Clinical Lecture. Dr. HYAMS. "Geriatrics II".
2	Tu	1.00	Clinical Lecture. Mr. KILPATRICK. "Injuries of the Lower Urinary Tract".
5	F	1.00	Clinical Lecture. Dr. KEEN. "Metabolic background of Atherosclerosis"

NEWS IN BRIEF

A Hospital Saving Association Scholarship for a Diploma in Nursing was presented to Mrs. Francis Taylor, by Her Royal Highness Princess Alexandra at the Festival Hall on 29th March. This was one of 28 nursing scholarships given by the H.S.A., a non-profit making hospital contributory association which this year celebrates its Golden Jubilee.

These Post-registration Scholarships for nurses, in the form of fees, a book prize of £30 and a maintenance grant where one is not available from Central or Local Government, represents a mark of the appreciation of the care which H.S.A. contributors and their dependants receive in hospitals. And in honour of its Golden Jubilee, the Association has this year extended the Scheme to include several new post-graduate courses.

Mrs. Taylor was educated at Downer Grammar School, Edgware, Middlesex, and took her general nursing training at Guy's Hospital. She also took a certificate in Orthopaedic Nursing at the Nuffield Centre, Oxford. Since qualifying Mrs. Taylor has worked at Guy's Hospital, the City Hospital, Stoke-on-Trent, and as a Sister in the Hartshill Orthopaedic Hospital in that City, which position she holds at present.

The course for which the scholarship was won is part B of the Diploma and being taken at the Elms College for Further Education, Stoke-on-Trent. Mrs. Taylor has already gained part A of the Diploma.

Mrs. Taylor has four children.

People in Guy's who complain of the food in the Spit should pause to consider the following story, witnessed by a N.I.B. man in another hospital.

In the doctors' mess of that hospital one of the major topics of conversation is the food, which although usually good at lunch-time, tends to deteriorate in quality for the evening meal and at week-ends. The doctors periodically vent their feelings about the food, usually unfavourable, into a little book, which is sent to the chef for his perusal. Imagine the residents' surprise one evening recently, when instead of the usual badly cooked dog food, they were presented with a large, beautifully cooked and prepared piece of lamb, which provided several generous helpings of delicious, tender meat. As they enjoyed the meal, one of them joked that they must have been sent the Matron's supper by mistake, and a chuckle of laughter went round the table, as they gorged themselves, juice running down their chins. So satisfied were they with the meal that they all signed a note in the little book, congratulating the chef, and exhorting him to produce such a culinary masterpiece more often. Later, as they lay bloated in front of the television, a porter appeared, and asked if they had seen a piece of meat anywhere, as there had been a bit of a mix-up with the food trolleys. The Matron and her dog turned their noses up at the doctors' food which they had been sent by mistake, and had to have something cooked especially.

THE WILLS LIBRARY

Jean Farmer in a letter to this issue asks for people who are willing to act as translators. The following is a panel of translators already known within the hospital.

X Basic; elementary
XX Fair
XXX Excellent; mother tongue

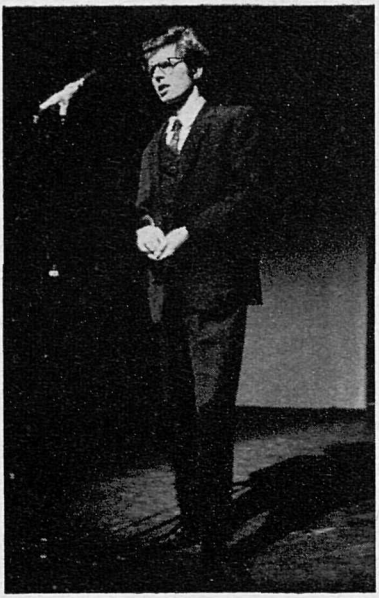
LANGUAGE	TRANSLATOR	DEGREE OF FLUENCY	DEPT.	EXT'N	NOTES
ARABIC	Mr. Y. Saat	XXX	Biochemistry and Chemistry	545	
DUTCH (Flemish)	Mrs. A Williams	XXX	c/o Mr. R. D. Gain, Prosthetics.	217	Mother tongue
FRENCH	Miss D. Calame	XXX	Medicine.	787	Mother tongue
	Dr. T. F. W. Dilke	XXX	Physical Medicine and Rheumatology.	408	
	Dr. R. Grahame	XX	Physical Medicine and Rheumatology.	408	
	Dr. E. J. Moynahan	XXX	Dermatology	274	
	Mr. G. Polet	XXX	Biochemistry and Chemistry	545	
	Mr. Y. Saat	XXX	Biochemistry and Chemistry	545	
	Dr. G. Zaphiropoulos	XX	Physical Medicine and Rheumatology	408	Esp. rheumatology subjects
GAELIC	Mr. A. J. Stewart	XX	Prosthetics	217	
GERMAN	Miss D. Calame	X	Medicine	787	
	Miss G. Davies	XX	Physiology	568	
	Dr. A. Gyory	XX	Physical Medicine and Rheumatology	408	
	Dr. G. Hendrix	XX	Cardiac	533 or 736	To Aug., 1972
	Dr. R. Hughes	XX	Pathology	684	
	Miss C. A. Lovelidge	XX	Biochemistry and Chemistry	545	
	Miss V. Major	XXX	Microbiology	578	
	Dr. E. J. Moynahan	XXX	Dermatology	274	
	Mr. G. Polet	XXX	Biochemistry and Chemistry	545	
	Dr M. S. Rose	XX	Haematology	539	
GREEK	Miss L. Diamantoulis	XXX	Clinical Bacteriology and Virology	211	Mother tongue
	Dr. G. Zaphiropoulos	XXX	Physical Medicine and Rheumatology	408	Esp. rheumatology subjects
HEBREW	Mr. Y. Saat	XXX	Biochemistry and Chemistry	545	
HUNGARIAN	Dr. A. Gyory	XX	Physical Medicine and Rheumatology	408	
	Mrs. S. Lamb	XXX	Physiology	573	
	Miss M. Rona	XXX	Physiology	573	
INDIAN LANGUAGES	Dr. N. Das Gupta	XXX	Cardiac Department	533	To Aug., 1972
ITALIAN	Dr. T. F. W. Dilke	XX	Physical Medicine and Rheumatology	408	
	Dr. E. J. Moynahan	XXX	Dermatology	274	
SERBO-CROATIAN	Mr. B. R. Babic	XXX	East Wing	791	Mother tongue
SPANISH	Prof. J. N. Hunt	X	Physiology	574	
	Dr. G. Vidal	XXX	Dermatology	274	Mother tongue

Photographs from the Residents' Play

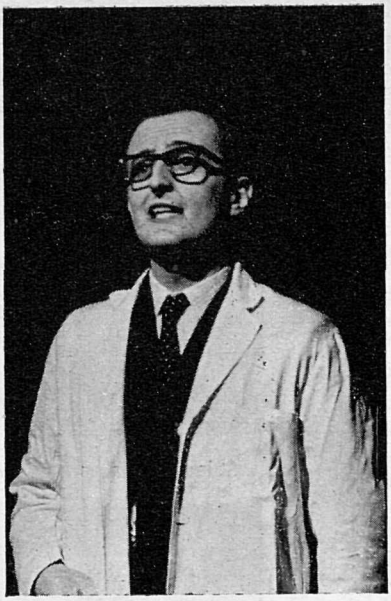
Solace's solaces: "We've records of your progress"

The Last Lunch: "Do you come from a healthy family?"

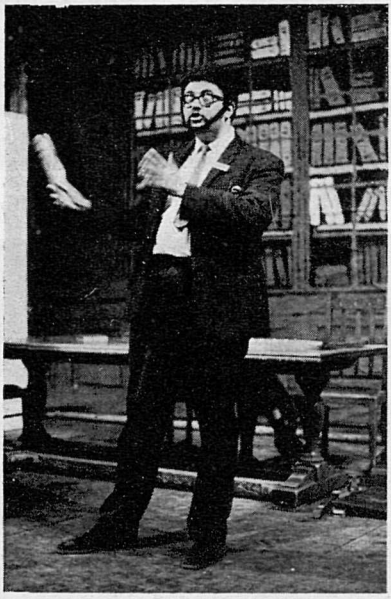
The Porters: ". . . trying hard to keep a respectable car park at Guy's"



Professor Bounce: "Perhaps a little—Thuxamethonium in his thoup"



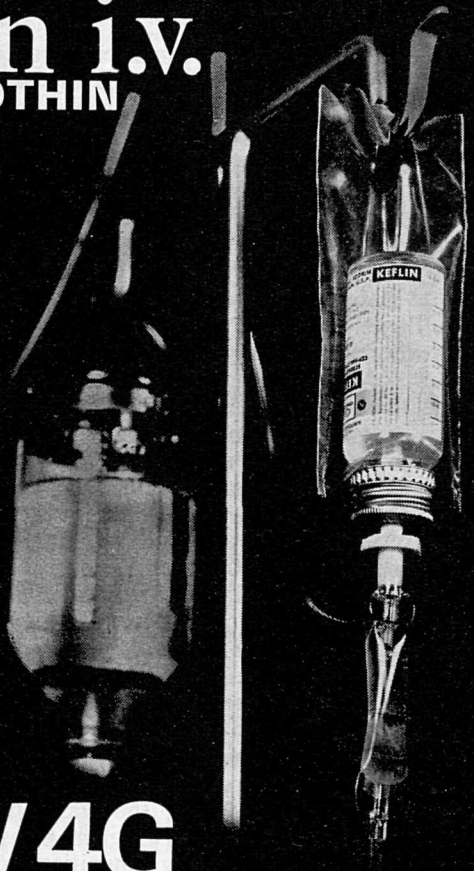
Charles Groiner: "It wasn't like that in my day"



Yorick Marihuana: ". . . trying to regain her Equi-Valium"

keflin i.v.

CEPHALOTHIN SODIUM



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White Man's Medicine

M. F. M. Bamford

The Cree tribe of North American Indians is the largest extant Canadian tribe. One of the northern Algonquin bands, they originally inhabited the forests south of Hudson's Bay with a semi-agrarian subsistence. With the European invasion they took more to trapping and pushed west in search of pelts for the Hudson's Bay Company. As they travelled west, they dispossessed the Plains Indian of the northern grassland. They took on the way of life of the classic (film) Indians, depending on bison initially for subsistence—using every scrap for food, clothing, and other raw materials. With the help of the gun and the horse they could kill wholesale, and became profligate.

The succeeding immigrant settlers encouraged the slaughter of bison both for their own needs, and as a successful strategem to undermine the basis of the Indian economy. Briefly the Indians became wealthy and then impoverished. The friction with the settlers resulted in outright war, and the gradual subjugation of the Cree. Complex treaties were established and broken, but only at the end of the last century were they finally confined to the relatively worthless land of the reservations.

There are now over 100 reservations scattered over Canada. The local reservation here in Turtleford, called Thunderchild, is about 200 sq. miles in extent, and is populated by about 800 Northern Cree. The population is variable, as they tend to move from reservation to reservation. The whole reservation is catered for medically by one clinic. It is self-governed by a council.

The pure blooded Indians, whatever their outside interests, tend to drift back to the reservation, even after higher education. They seem uninterested in integration outside. Several of the Thunderchild Indians were in Britain during the war, and took English brides. They came back, but when the English roses were confronted with tepis, and cabins, devoid of any amenities, and winter temperatures of —50°F., they very soon beat hasty retreats.

The Indians at present on the reservation depend very heavily on welfare benefits, and the allowances that they are entitled to by treaty. This latter, the Meti's or half breeds are not entitled to. Very few work full time. The coming of welfare has further undermined their social structure, and the younger generation has disposed with marriage as unnecessary. The older Indians have stable marriages, the younger take an increasingly large brood of children from consort to consort. Children of previous association take on the name of the new one. Dealing with the children medically is complicated by the fact that Jimmy Snakeskin is now Jimmy Standingwater.

The names themselves are a source of interest. It seems that the names were traditionally taken from the first thing seen when the father emerged from the tent of the new-born. Hence such fine anglicised names as Yellowmud, Tobaccojuice, and (related) Nicotine.

Maternal family ties are relatively strong, and when a mother leaves to stay on another reserve for a while, the children are left with relatives. Thus up to 25 children can be sharing the same roof.

Though not generally money orientated, they are not without business sense. The last chief on Thunderchild, armed with a fixed rental truck, and a mileage allowance from the department of Indian Affairs, put 94,000 miles on the clock in one year. Another old Indian brought half a dozen assorted nephews and nieces to the clinic one morning, and, when they were dealt with turned round and said "Well Doc., I've put all this business your way, can you lend me 10 dollars".

The health problems are depressingly those of poverty and ill-education: scabies, veneral disease, helminth infestation, gastro-enteritis, rickets, T.B., amoebiasis. Infant mortality is significantly higher than that of the surrounding population. Facilities are available for child care, yet the Indians seem to mistrust white medicine to an extent. Witch doctors are still to be found on the reservations, and some of the older squaws still deliver themselves in the bush, not dreaming of coming into hospital for their 19th child. In addition there are particular diseases with an increased incidence for idiosyncratic reasons. Milk allergy is a frequent entity, along with other allergic manifestations. Alcoholism and psychiatric problems are frequent in the young adults.

Although there are strong movements for protection of Indian rights and a vast stack of litigation relating to the honouring of treaties, there seems little hope of satisfactory integration of the Indian into a productive, mutually beneficial community. As a generalisation they are not interested in dealing with the government on its own terms. Impasse is the usual result of the negotiations.

It is a truism that the European has a lot to answer for in the imposition of his civilisation. Bill Paddy is justified in driving his beat-up car with a bumper sticker: "General Custer had it coming".

BOOK REVIEW

BASIC OPHTHALMOSCOPY—Ophthalmoscopic Diagnosis in Systemic Disorders by Rosen, E. S. and Savir, H. Butterworths: London. Price £2.80.

A book describing within a small compass the fundus appearances in a number of ocular and systemic diseases should fill a gap in the literature available for the medical student who, in the time at his disposal during his clinical studies, is anxious to correlate a patient's medical problems with the ocular findings.

The first section of the present volume gives the reader a brief introduction to ophthalmoscopy. The remainder, a substantial proportion, not unexpectedly (in view of the authors' particular interest) illustrates retinal disease by fundus photography and fluorescence angiography. The comparison of retinal colour photographs with the angiographic findings, and their relevance to pathological changes in the retina and choroid, provides an interesting approach to the subject.

The book is more likely to attract the attention of the post-graduate than the undergraduate student but either will be well rewarded by its perusal.

J. R. HUDSON

Psychiatric Case History

"Stay till I am well, and then you shall tell me how to cure myself,"—Dr. Samuel Johnson.

Introductions

Most of us think we know something about depression; however sometimes the diagnosis is not so obvious.

People like the following lady present to their general practioners almost daily.

Case History

Mrs. M. was a nurse of 44 years, married with four children. She initially came to her general practitioner complaining of feeling depressed and inadequate.

She dated the onset of her most recent low feelings to the October of the previous year. She noticed that insidiously her emotions became blunted, she felt inadequate, unable to make decisions, unable to get her housework completed and felt guilty at not being involved in family matters or looking after the children properly. A lot of her guilt was unfounded, her children were happy and well-cared for. She would forget previous arrangements, could not concentrate, and became slow in her actions; she felt cut off and had an originally unconfessed fear of going mad. She would weep for trivial reasons or for no reason at all. She said it felt like living behind plate glass.

Her appetite had diminished, she had lost a stone in weight since the previous October and she would wake from sleep during the night or in the early hours of the morning feeling terrible. This feeling wore off to a slight extent during the day. Elimination was normal. She generally became depressed premenstrually but in her present illness, she said she was "just grey always".

She was given amitriptyline by her G.P. but she said it just made her more tense and she stopped taking it within 10 days.

Mrs. M. had a stable and fairly happy childhood. She was happily married. She had a period of depression as a reaction to stress in her twenties which remitted spontaneously. She had a similar episode six months after the birth of her first child for which she had E.C.T., with no effect, though she gradually recovered during a period of three months. She also had a period of depression two years previously which again recovered with no treatment.

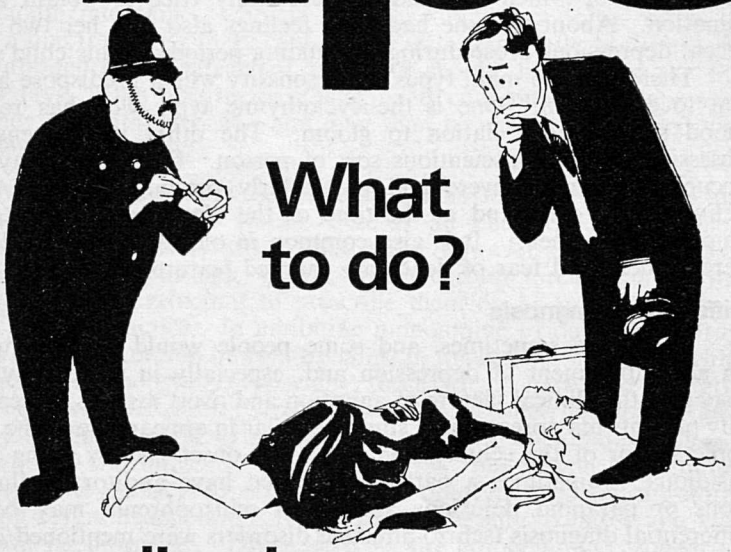
Her pre-morbid personality was somewhat over-sensitive and conscientious. She described herself as "going down under stress". She had no real foundation for the guilt she now felt.

On examination the patient was weepy, miserable, agitated, and rather histrionic, expressing guilt feelings about herself. With gentle questioning she also revealed suicidal thoughts.

She was treated with tranylcypramine (Parnate), a monoamine oxidase inhibitor, 10 mg t.d.s.

She improved remarkably within 10 days. She became cheerful, slept and ate better and lost most of her morbid guilt feelings and was anxious to get back home and look after her family.

mps



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(except U.S.A.)

Secretary Dr. H. A. Constable. Head Office
50 Hallam Street, London, W1N 6DE. Tel: 01-580 9241
or Regional Secretary Dr. P. G. T. Ford
Regional Office: 30 Park Square, Leeds 1. Tel: 0532 42115-6

Discussion

Mrs. M. showed most of the features of simple depression with a low mood, inability to concentrate, slowness, forgetfulness, flat emotions, weeping for no cause, feelings of guilt and suicidal thoughts. She also had early morning wakening and diurnal variation of mood.

Some people divide depression into reactive and endogenous types. The former arising directly as a result of stress and the latter appearing "out of the blue", and being particularly characterised by early morning waking, and a diurnal variation in mood. However few cases are as well marked as to fall convincingly into either category. Mrs. M.'s last depression seemed to appear out of the blue but her last child had been the result of an unwanted pregnancy for which she had unsuccessfully tried to obtain a termination. About this she had guilt feelings also and her two most recent depressions arose during demanding periods of this child's life.

There are two main types of personality which predispose a person to depression. One is the cyclothymic type, who has regular mood swings from elation to gloom. The other is the sensitive, obsessional, over-conscientious sort of person. Depression may also occur in times of severe and particularly prolonged illness; after delivery of a child and at the time of the climacteric. It is more common in women. It is also common in old age when loneliness, bereavement and fear of death are marked features.

Differential Diagnosis

Anxiety is sometimes, and some people would say commonly, an accompaniment of depression and, especially in the elderly, this may give the clinical picture of agitation and overt distress. Occasionally patients may present in a stupor, similar in appearance to the catatonic stupor of the schizophrenic, but the onset usually being more insidious. Sometimes a patient may even have auditory hallucinations or paranoid delusions and again schizophrenia may be the differential diagnosis (schizo-affective disorders were mentioned in the last article). Delusions of gross sin, serious disease (especially syphilis) and poverty are not uncommon. Hypochondriasis may accompany depression and may occasionally be the only apparent feature, though careful questioning may reveal changes in bodily functions and unconfessed mood alteration. In old age it may be difficult to distinguish between depression and dementia or early Parkinsonism; indeed the former may accompany the latter diseases. Other occasional differential diagnosis are myxoedema and more rarely Addison's disease and myasthenia gravis.

Treatment

Treatment is aimed at symptom relief and bringing to light any associated stress factors, giving the patient some insight into them and, if possible and desirable, to alter their environment accordingly.

Depression has a habit of clearing spontaneously and it is often difficult to say whether it is because, or in spite of, treatment. Nevertheless there have been great advances in drug treatment. Often a patient will respond to one type of drug or E.C.T. and not another.

Tricyclic antidepressants, such as imipramine and amitriptyline are useful and can be readily prescribed by the general practitioner. Imipramine is slightly more potent than amitriptyline but the latter has a more sedatory effect which can be utilised in patients with poor sleep. These are best given in the form of a moderate dose during the day and a larger dose at night which often relieves sleep loss and the profound gloom of the early hours. The tricyclics have anti-cholinergic properties thus side effects are dryness of the mouth, palpitations, tachycardia, postural hypotension, dizziness, sweating, loss of accommodation, hesitancy of micturition and constipation; these tend to be less troublesome after the first two weeks. In patients with a predisposition to or overt glaucoma these drugs may precipitate an attack, and patients with an enlarged prostate may go into acute retention. Allergic skin reactions also occur, rarely, as does a fine tremor or toxic confusional state, especially in the elderly. The antidepressant effects of the drug should be seen in the first 10-14 days. They may increase the anxiety component of a depression (as they did with Mrs. M.) and may then be usefully combined with a phenothiazine drug.

Monoamine oxidase inhibitors, such as Mrs. M. had, are also useful drugs especially where there is an endogenous component (though some dispute this). They have, however, some unpleasant and even dangerous side effects, under certain circumstances, and some people are reluctant to prescribe them on an out-patient basis or in general practice. In inhibiting monoamine oxidase, these drugs cause an accumulation of noradrenaline in the nerves. Tyramine which is present in foodstuffs, especially those which have had bacterial influences, such as cheese, yeast extracts, pickled herrings, broad bean pods and Chianti, is generally broken down by monoamine oxidase in the wall of the intestine. With M.A.O.Is this enzyme is inhibited and tyramine is absorbed which releases noradrenaline from the stores, causing severe headaches, a rise in blood pressure, collapse and even cerebral haemorrhage. Drugs such as the amphetamine, ephedrine, phenylpropanolamine and L dopa may all produce hypertensive crises. Pethidine is contraindicated because of interaction, resulting in respiratory depression, hypotension and coma. Hypoglycaemic agents, C.N.S. depressants and antihypertensives are all potentiated by M.A.O.Is. Many other substances and drugs have been incriminated in adverse effects with M.A.O.I.s, including general anaesthetics, but except in isolated cases such claims are generally unfounded (see Prescriber's Journal, October, 1971). Other side effects are autonomic disturbances of a similar nature to the tricyclics and hepatotoxicity is also a rare event with M.A.O.Is. Patients should carry a card, with a list of prohibited substances and be warned to report to the doctor if a severe headache should occur or a sudden feeling of being unwell. Phentolamine 5 mg i.v. is the drug of choice in a hypertensive crisis. M.A.O.Is also take about 10 days for full antidepressant effect, they, too, may be combined with phenothiazine.

E.C.T. is often effective in depression and is often a good first time treatment.

Prognosis for the immediate illness is usually good, though relapses may be common.

Suicide

Before concluding, a word should be said about suicide. Depression is the commonest cause of suicide, which may be confessed or sharply denied. A close watch should be kept on all these patients and hospital admission is indicated if this danger is at all apparent or suspected. Treatment with drugs or E.C.T. may initially release the patient's aggression, giving him ability to perform the act before his mood is also improved. The patient most in danger is the one who has a family history of suicide, or a previous attempt.

R. M. Dismorr

REVIEW

UNDER MILK WOOD

A play for voices

Experienced Guy's-watchers long ago came to the conclusion that the hospital was primarily an institution for the education of Welshmen, the study of rugger and, lastly, the practice of medicine. What a surprise then to find as little as half a Welshman in the entire cast of the national chef d'oeuvre.

David Jones rightly decided to eschew the technicolour excesses of Andrew Sinclair's production of the same work, producing what was originally written—a play for voices. Unfortunately this is where he ran into a spot of bother, for although his paraceltic cast could all manage a tolerably good accent, most just were not Welsh enough to produce the five or six characterisations required of them. Robert Williams was a fine, rather whining, Mog Edwards but perhaps not rumbustious enough for Dai Bread or Butcher Benyon; David Mayer, similarly, was a superb hen-pecked lisping Mr. Pugh but lacked the weight to convince as Captain Cat. Nick Bishop, like the rest of the cast, was more at home in dialogue, forming the Pritchard end of the Ogmore-Pritchard duo, than in his long monologues as the Reverend Eli Jenkins.

Now, since it's spring, let's turn to the ladies. Ro Lomas and Penny Tulloch carried the bulk of the work, managing both versatility and the basic lasciviousness of Dylan Thomas's women. Polly Garter and Mrs. Ogmore Pritchard were particularly special, and the lambent unaccompanied singing of Polly Garter certainly tugged harder at the heartstrings than any other part of the play. Only when it came to Geraldine Watford's Mae Rose Cottage did one regret those "technicolour excesses". Joni Ross as Gossamer Benyon was superbly sensual in a gentile kind of way.

Although the individual characterisations may have been rather curate's egg-like, the production was certainly at its best in the tutti-passages, David Jones producing from the cast that change of pace without which the play would have fallen as flat as a Welsh-cake. The fast-moving scenes, like the neighbours discussing the young Waldo and particularly, the vicious children's game in the second half, were superb. David Jones, himself, had a firm hand on the control of pace from the conductor's rostrum of the first voice.

The reason for the production's success certainly lay with the handling of pace, and the interactions between the characters rather than in the depth of individual characterisation. Technology was not over-obtrusive, the sound department apparently stuck to Thomas's original plot, and the lights boys flashed from character to character without putting a foot wrong. However, though the production succeeded, the hospital is patently failing in its first duty—not a Welshman to be seen, even for Dylan Thomas.

Gordon Jackson

CORRESPONDENCE

Schizophrenia

SIR,—A friend has just given me a copy of the issue for 25th March as he knew that we would be interested in the case of schizophrenia described in it.

I am surprised that Dr. Dismorr thinks that Mr. C. would probably have to remain in hospital since experience round here is that patients are almost invariably discharged with such exhortations as "Try to get a job". The main burden of coping with them falls on their families with extremely little help from anyone else. Even where there are community care facilities such as the rehabilitation workshop run by the London Borough of Bromley, these are almost never suggested to the patient or the family until he or she has been hanging about unemployed possibly with several admissions to hospital, for several years.

As part of the voluntary work of Orpington Mental Health Association a group of relatives of people who are mentally ill meet regularly for mutual support. While he was consultant psychiatrist at the clinic at Orpington Hospital Dr. B. W. Durrant suggested that they write a report on their problems. Mrs. Brenda Lloyd who has done this, is a fully-qualified and experienced P.S.W. whose own son became ill about five years ago.

The group is growing in size steadily and now there are to be evening meetings so that people who are working can come, as well as the afternoon meetings mentioned in the report. We are constantly told how pleased people are to learn about the group as they previously felt so isolated.

We formed this project in November, 1970 as a branch of the Mental Health Research Fund, to raise money for research and to try to publicise all the tragedy of wasted lives, broken marriages, children who have an unhappy home or have to be brought up by foster parents, etc. because of this illness.

Yours sincerely,

C. C. ATTLEE (Mrs.)
Chairman.

Schizophrenia Research Project
42 Dale Wood Road, Orpington BR6 0BZ.

The Wills Library

SIR,—The Wills Library maintains a list of those persons within the Hospital who are willing to undertake the translation, on an informal person-to-person basis, of letters, extracts from periodical articles, and so on in foreign languages. It would be an advantage if this list could be extended generally to include students as well as staff.

I shall be grateful if you will publish my request that any students, particularly perhaps those with uncommon mother tongues, who are willing to volunteer help in undertaking translations of this kind, should please contact me.

Yours faithfully,

J. M. FARMER,
Wills Librarian

The Wills Library,
Guy's Hospital Medical School,
London Bridge SE1 9RT.

SIR,—Readers of the *Gazette* will know of the untimely death of Jean Jenkins, who had been a physiotherapist at Guy's for 30 years. It has been suggested that her many friends may wish to contribute towards a donation to be made to the Cancer Research Fund by the Guy's Hospital Physiotherapists and Radiographers Association, as a tribute to her memory.

Anybody wishing to make such a contribution is asked to send it to the Hon. Treasurer, Miss E. M. Stephens, M.C.S.P., 19 Camden Road, Sutton, Surrey.

Yours faithfully,

BETTY M. RANDLES (Miss)
President, G.H.P.R.A.

Picketts Bungalow,
Horney Common,
Nr. Uckfield, Sussex.

SIR,—I notice that in the current issue of the Guy's Hospital *Gazette*, you are kind enough to publicise the publication of Guy's Hospital Reports, Vol. 120, No. 3. I am sorry to have to tell you, however, that the subscription rates that you quote for Guy's men are incorrect, as a consequence of continued increases in the cost of production these have been revised. The current subscription rates to Guy's men are, as from the 1st January, 1971:

Annual Subscription £3.15
Individual issues 85p.
(both inclusive of postage)

Yours faithfully,

G. E. H. FOXON
Hon. Treasurer

Biology Department
Guy's Hospital Medical School.

NOTICE

GUY'S HOSPITAL SOCIETY
BOURNEMOUTH AND WESSEX

The summer meeting of the society will be held this year on **THURSDAY, 18th MAY, 1972** at the **CHEWTON GLEN HOTEL, NEW MILTON, at 8 p.m.**

There will be a buffet costing £1.25 for paid up members of the society and £1.50 for all other guests. This is an excellent opportunity for you to bring your wife and friends to a Guy's gathering and we look forward to good support.

Aplications should be sent to:

E. H. Archard (Hon. Secretary),
1 Beechwood Avenue,
Boscombe, Bournemouth.
Tel: Bournemouth 33077.

PLEASE NOTE THE **ANNUAL DINNER** WILL BE AT THE **ANGLO-SWISS HOTEL, BOURNEMOUTH,** ON **3rd NOVEMBER, 1972.**

NURSING SECTION

SHOULD THE PATIENTS PAY?

There is at present a great deal of discussion, both in the press and elsewhere, about the rights and wrongs of the practising of private medicine. The arguments on both sides are, not surprisingly, very strong, but none of them it appears have given any thought to the views or position of the nursing profession. This is a curious situation and serves to demonstrate the way in which the nurses are taken for granted both by the Consultant medical staff and the patients. The fact is that without the co-operation of nurses private medicine would cease to exist, and there wouldn't even be anything left to argue about.

Nurses, as is well known, are not permitted to charge fees for their services, and have to comply with the dictates of their medical colleagues. Nevertheless, it is true to say that many, if not the majority of nurses have the same views on this practice as do the Junior Hospital Doctors. Some members of the profession find themselves either voluntarily or otherwise caring in the main for fee paying patients, but for the remainder the concept is anathema. Most would agree that private patients are quite acceptable in their correct place, namely, wards or hospitals designed to accommodate them. It is when they stray that antagonism arises.

Nurses are not interested primarily in financial gain and have several valid reasons for preferring not to care for private patients.

Firstly, most are aware that the care in many private nursing homes and wards is inferior to that obtainable elsewhere. In addition, certain amenities, such as intensive care, are far too costly to provide other than in large hospitals. Secondly, all nurses are concerned about the psychological effect of enclosing a sick person in a single room; there to brood over his ailments. Thirdly, many wonder if it is morally right to expect student nurses to care for private patients, which frequently occurs. The general conclusion is that it is wrong. The practice means that private patients do in fact receive their care "at a discount". Lastly, it is a fact that nurses in private hospitals are treated as servants by some of the patients. Although this is not a well founded reason for discontinuing the practice, the fact that this attitude exists proves irksome to people who have frequently had as long a training as the doctors and who require to have the knowledge to deal with all specialities.

Thus nurses have good reasons for not wishing to care for private patients, but there is one further. Many ward sisters are frequently expected to provide a special service in a busy general ward in order that a private patient can be relieved of paying for a private bed.

In most cases this is done without demur. What though would happen should the ward sister decline to do so? Clearly, that thought had never crossed the minds of many.

One thing can be said in favour of private patients. The large number of foreigners now utilising the services provided in this country must surely be at least in part responsible for boosting the British economy! Whilst they occupy the beds, some at least of the natives are overcoming that peculiar characteristic of our race, that in order to get value or good service one must pay exorbitant prices.

NOTICE

NATIONAL FLORENCE NIGHTINGALE MEMORIAL COMMITTEE OF GREAT BRITAIN AND NORTHERN IRELAND

175 Cromwell Road, London, S.W.5.

Combined Hospitals Ball

Commonwealth Institute, Kensington High Street, W.8.

Friday, 20th October, 1972, at 8 p.m.

Student nurses and medical students from the London Teaching Hospitals have agreed to help organise this Ball in aid of the Scholarship Fund of the National Florence Nightingale Memorial Committee. Mr. R. D. James, Social Secretary, Mr. J. MacGlare, and Miss R. Arnold are our representatives, and Mrs. Helliwell is a member of the Chairman's Committee.

This Committee, founded in 1934, among other things, raises money to award scholarships for senior British nurses to go abroad for a maximum of three months to gain more experience in their specific fields. When they return to this country they bring with them far greater knowledge, understanding and experience to the benefit of their patients and the staff who work under them. Even the doctors can gain some benefit from their new ideas.

There is an unfulfilled demand for these scholarships. Many candidates have to be turned down due to lack of funds. In 1972 fifty-five applications were received and funds were only available to award thirteen. A scholarship was awarded in 1968 to Miss I. N. C. McCrea, Ward Sister, Intensive Care Unit, Guy's Hospital, to study Intensive Care Units in the United States of America.

The National Florence Nightingale Memorial Committee receives no Statutory provision for its work. It depends entirely on voluntary contributions. Let us make this first combined effort towards such a worthwhile cause a great success and raise a sizeable sum. This is a preliminary notice. **Watch for publicity in the Hospital and support us.**

SPORT

RUGBY

JUNIOR HOSPITAL CUP FINAL

GUY'S v. THE LONDON

won 22—12.

Having successfully disposed of Bart's on the previous Sunday, by 34—4, Guy's entered the final confidently. Steve Challacombe was unavailable, so "Mighty Mouse" Marcus returned to captain the side.

Guy's started confidently and A. Cambell had several dangerous runs, almost scoring on two occasions. Rick "King" Fitton kicked four penalties during the half, two were from just inside his own half. So Guy's turned round 12—6 up, but the London were a very efficient, well-drilled side, and were far from beaten, and early into second half drew level 12—12. Guy's continued to throw the ball about, and the backs always looked dangerous. Eventually the killer punch was delivered when Guy's won a quick linkout. The ball was quickly passed along the line to A. Campbell who cut inside his wing to score under the posts, R. Fitton duly converted. From the kickoff Guy's almost scored immediately when C. Thorburn started his winding run, passed to R. Moore, who timed his pass to C. McLauchlan who ran 50 yards, only to be bundled into touch at the corner flag by a magnificient cover tackle. The game was finally sewn up when M. Portelly, who had his usual fine game, picked up a loose pass and ran 30 yards to score, with an almost acrobatic dive.

So Guy's 2nd XV finished a fine season by winning the cup. During the season there were some truly notable victories, namely Rosslyn Park Stags (17—9), Streatham-Croydon Serpents (16—10) and Old Creightonians (21—18). The side on the whole was a very young one: the notable exception being Chris Howell, who I would like to thank for his fantastic support and enthusiasm throughout the season. It is a pity there are not more such players.

Freshers, C. McLauchlan, R. Moore, M. Gilhooly and A. Collett will all eventually play for the 1st XV, I am sure. J. Owen has already done so.

Team: R. Fitton, T. Mellor, C. McLauchlan, R. Moore, A. Campbell, G. Owen, D. Oram, G. Marcus, C. Howell, A. Collett, S. Challacombe, M. Gilhooly, C. Thorburn, J. Burgess, M. Portelly. D.J.M.

GUY'S v. GLOUCESTER

18th March. Lost 13—33

This was a satisfying game for Guy's, despite the points margin. Every Guy's player contributed something worthwhile, sensing that against one of the country's strongest sides nothing but maximal effort would prevent humiliation.

It was a mild day, ideal for a fast open game. The much vaunted Gloucester pack did not totally dominate the Guy's forwards and the well-shared possession gave both sides an opportunity to show their pace.

Gloucester pressed hard for an early score and accumulated most of their points in the first half. The hard pitch made the ball bounce unpredictably and Gloucester were quick to appreciate the point. It was by collecting the ball from an erratic bounce that gave them at least two tries, points that could have been prevented by a more alert Guy's defence.

The tackling by both sides was hard and at times courageous. The Gloucester backs received unremitting attention from their opposition and Guy's successfully disrupted many Gloucester moves before they could develop.

Fitton scored Guy's only try following an orthodox move that somehow caught the Gloucester defence in disarray. He also kicked two difficult penalties which delighted the small crowd of spectators. The remaining points followed a neat drop-goal by Croft after the ball had been won from a conveniently positioned scrum.

The game was played throughout with good humour and even when Evans engaged more than once in fisticuffs it was with an expression of offended innocence.

Team: T. Want, T. Gibson, R. Burlinson, S. Challacombe, D. Stuart, H. Holliday, K. Rigg, G. Evans, C. Croft, T. Druett, R. Barough, R. Fitton, A. Portelly, M. Danford.

T.G.

GUY'S v. CAMBRIDGE

25th March. Won 10—9.

In the first 10 minutes it appeared that Guy's would sweep all before them. The pace was unusually fast and the backs mounted a series of attacks with surprising vigour.

Sadly the opening moments of the game were no portent. Cambridge hustled their way to within striking distance and were the first to score from a penalty kick. This was the first of innumerable penalties awarded to Cambridge, and the speed of play faltered as the referee exercised his lungs on his whistle.

The Guy's forwards, faster and more skilled than their opponents were thwarted in the set play. Fear of offending the referee blunted their keenness and Guy's were able to gain little good possession. In the circumstances this was tragic because the Guy's backs showed that they were in outstanding form and prepared to run at every opportunity.

Territorially, Cambridge had the upper hand and although they eventually scored a good try they rarely executed attacking moves with confidence. Guy's tackled well and Portelly on the wing made two brave and successful crash-tackles which averted likely tries.

Guy's points followed two thrilling tries, one of which was converted by Danford, both followed breaks in mid-field by Croft. Some good handling sped the ball to Jones, who split the Cambridge defence and scored after some determined running. The second try was the consequence of good combined support for Croft as he broke from a scrum. Barough took the ball at speed and outpaced two opponents up the touchline, finding time to run and deposit the ball beneath the posts.

Team: T. Want, T. Gibson, R. Massey, K. Rigg, S. Challacombe, G. Evans, P. Reasbeck, H. Holliday, C. Croft, A. Cook, D. Jones, A. Campbell, M. Portelly, R. Barough, M. Danford.

T.G.

FENCING

GUY'S vs. COOTS & CO. (Strand)

One could hardly have called this a serious match, especially as it took over an hour to get the electrical equipment going. Even so, it was most enjoyable to watch and participate, since the presiding was completely unbiased, with none of the tantrum-throwing and sulking one finds at competitions. Everyone was extremely well-behaved, and we even had a few moments excitement when the score reached 3—4 against us with two fights to go. We lost the penultimate fight but won the last to make the score 4-5 against Guy's.

This is an encouraging result against a more experienced team, especially since two of our team were in the middle of second M.B., and since for all three it was their first match for Guy's. Once we have taught our team how to *fight* in a match we expect great things for the future.

Team: C. Ackle, won 2—1; P. Strigner, lost 1—2;R. Bowering, lost 1—2.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of middle grade **Registrar** in Child Psychiatry with duties to commence on 1st October, 1972 until 30th September, 1973 in the first instance. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **12th May, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of middle grade **Registrar** in Radiotherapy with duties to commence on 1st October, 1972 and appointment for one year in the first instance. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT not later than **12th May, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **S.H.O.** in Ophthalmology (whole-time) with duties to commence on 1st October, 1972 and appointment for one year in the first instance. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **12th May, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Senior Registrar** in Diagnostic Radiology with duties to commence on 1st October, 1972 until 30th September, 1973 in the first instance. Opportunities are available for good experience in neuro-radiology and arteriography. Applicants should hold the D.M.R.D. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **12th May, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar** in Venereology commencing 1st October, 1972 to work jointly between Guy's Hospital and the South East Metropolitan Regional Hospital Board at Lewisham, Greenwich and Seamen's Hospitals. The appointment will be made jointly by the bodies concerned and the successful application will be encouraged to take advantage of research facilities. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **12th May, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Paediatric Registrar** (middle grade) to the Board of Governors of Guy's Hospital and the South East Metropolitan Regional Hospital Board with duties from 1st October, 1972 for two years. The appointment which will be made jointly by the bodies concerned will be held in the first instance at the Royal Alexandra Hospital for Children, Brighton until 30th September, 1973, and at Guy's Hospital from 1st October, 1973 to 30th September, 1974. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **12th May, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Anaesthetic Registrar** to the Board of Governors of Guy's Hospital and the South East Metropolitan Regional Hospital Board with duties from 1st October, 1972 for two years. The appointment will be made jointly by the bodies concerned and will be held in the first instance in the Brighton and Lewes Group of Hospitals until 30th September, 1973 and at Guy's Hospital from 1st October, 1973 to 30th September, 1974. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **12th May, 1972.**

GUY'S HOSPITAL JUNIOR STAFF APPOINTMENTS 1972-73

Applications are invited for the following appointments to the Junior Staff of the Guy's Hospital Group, commencing on 1st October, 1972 for the session 1972/73. Forms of application are obtainable from and should be returned to the Superintendent, not later than **12th May, 1972.**

Anaesthetics
Senior Registrars 3
Registrars 5
Appointment to these posts may involve duties at St. Olave's and New Cross.
Registrar 1
This appointment is under the exchange scheme and will be made jointly with the South East Metropolitan Regional Hospital Board with a two-year tenure of the post. Applicants will be required to spend one year in the Brighton and Lewes Group.

Cardiology
Senior Registrar 1
Junior Registrar 1

Child Psychiatry
Senior Registrars 2
Registrar 1

Clinical Pathology
Senior Registrar 1
Registrars 4
Junior Registrars 4
(S.H.O. Grade)
Two will be at St. Olave's Hospital.
Senior Registrar 1
(Haematology)

Dermatology
Registrars 2

Diagnostic Radiology
Senior Registrars 3
Registrars 2
Trainee Registrar 1

Ear, Nose and Throat Surgery
Registrars 2

Medicine
Registrars 9
These appointments will be for one year in the first instance. The successful applicants may be required to spend part of their time at hospitals in the Group or to work in certain special departments at Guy's.

Junior Registrars 7
(S.H.O. Grade)

The successful applicants will be required to spend part of their time at hospitals in the Group.

Neurology
Senior Registrar 1

Obstetrics
Registrar 1

Ophthalmology
Senior Registrars 2
(part-time)
Registrar 1
(part-time)
Junior Registrar 1
(S.H.O. Grade)

Orthopaedics
Registrars 2

Appointment to these posts may involve duties at New Cross Hospital.

Orthopaedics and Casualty
Registrar 1

Paediatrics
Senior Registrars 2
Registrar 1

This appointment is under the exchange scheme and will be made jointly with the South East Metropolitan Regional Hospital Board with a two-year tenure of the post. Applicants will be required to spend one year in the Brighton and Lewes Group.

Psychological Medicine
Registrars 3
Registrar 1
At St. Olave's Hospital

Radiotherapy
Senior Registrar 1
Registrar 1

Rheumatology
Registrars 2

These appointments will also involve duties at New Cross and St. Olave's Hospitals on a day-to-day basis.

Surgery
Senior Registrars 3
Registrars 3
Junior Registrars 4
(S.H.O.)

Appointment for one year in the first instance, renewable. Two posts will rotate with the Maudsley Hospital.

Thoracic Surgery
Seniors Registrars 2
Registrar 1

Urology
Senior Registrar 1

Venereology
Senior Registrar 1
(part-time)

GUY'S HOSPITAL MEDICAL SCHOOL JUNIOR STAFF APPOINTMENTS 1972-73

Applications are invited for the following appointments to the Junior Staff of the Medical School, for the session 1972-73, commencing 1st October, 1972. Forms of application are obtainable from, and should be returned to the Dean not later than 12th May, 1972.

Anatomy
*Junior Lecturer (part-time) 1

Medicine
Junior Lecturer 1

Surgery
Lecturer 1

Student Health Service
*Assistant to the Director (part-time) 1

*Joint appointment

The Adrian Stokes Memorial Fellowship

The Fellowship is open to registered Medical Practitioners or Graduates in Science, Pathology or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University School or Hospital, or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £925.

The Arthur Durham Traveling Studentship

Candidates for the Studentship must be registered Medical Practitioners, who have studied at Guy's Hospital Medical School. The Student is required to proceed abroad for the purpose of carrying out such investigations as may be approved or directed by the Board of Electors, and shall undertake to reside continuously abroad for a period of not less than six months. The Studentship is of the value of £388.

Dr. James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered Medical Practitioners who have studied at Guy's Hospital Medical School. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience. The value of the Scholarship is £520.

The Francis Lett Scholarship

Candidates for the Scholarship must have studied at Guy's Hospital Medical School. The Scholarship may be held by itself or in conjunction with other Studentships. The purpose of the Scholarship is to enable the Scholar to obtain experience in other Medical Schools or Hospitals, at home or abroad.

Candidates must submit their proposed programme with their application. The Scholarship is of the value of approximately £947.

The Greville Studentship

The Greville Student, who is required to devote himself to original investigation in connection with the subject of Cancer, holds the appointment for a period of two years, renewable annually for a further period of three years, making five years in all. The Studentship is of the value of approximately £106 per annum.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health and/or in disease. The Fripp Fellow is allowed opportunities for study in the Paediatric Department and the Department of Child Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £600 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

Applications are invited from junior academic staff and medical students for Medical Bursaries granted by the Nuffield

Foundation. The general principles of the scheme, as laid down by the Foundation, are as follows:

1 To encourage the exchange of educational visits between medical schools in the United Kingdom. Reciprocation is desirable but not insisted upon.

2 To provide the financial assistance which will make the paying of such visits possible for medical students and junior academic staff.

3 To confine the assistance to those people and purposes for which other channels of financial assistance are not readily available. Senior academic staff are excluded for this reason. Similarly, the emphasis is placed upon seeing a wider range of educational methods at other schools rather than, for example, the learning of a new technique by a young research worker (for which other funds should be available).

4 To remove the burden of extra expense which arises from the disturbance of a man's daily affairs which a visit involves. The funds available are clearly insufficient to defray the whole cost of a visit; the bursaries can only supplement, not replace, existing means of support.

Applications giving details of proposed visit, should reach the Dean not later than **12th May, 1972.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Lecturer** (full-time) in the Dental Department for Children with duties commencing 1st October, 1972. Salary within the range of £2,450 to £3,926 per annum with superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London SE1 9RT, not later than **19th May, 1972.**

PASS LIST

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UNIVERSITY OF LONDON

Ph.D. Biochemistry
B. Simonarson

BIRTHS

BOOTHBY—On 12th March, 1972, at the Nuffield Maternity Home, Oxford, to Anne and Christopher, identical twin sons, Hugo Thomas Brooke and William Jebb Dalston.

STRICKLAND—On 24th January, 1972, to Rhonda and Richard Strickland, a son Richard Michael.

DEATHS

ROBINSON—On 27th November, 1971 at his home 14 Meadow Drive, Hartlepool, County Durham, John Bainbridge Robinson, M.D., M.R.C.P., aged 66. Husband of Marie and father of Wendy and John.

CHANGE OF ADDRESS

Dr. and Mrs. D. Openshaw, 103, Valleywoods Road, 108 Don Mills 401, Ontaria, Canada.

J. C. J. Sheppard, L.D.S., R.C.S. has changed his practice address to:—24, Amyard Park Road, Twickenham, Middlesex TW1 3HE.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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NEWS EDITORS C. G. CHINERY and D. I. F. KELLEHER
SPORTS CORRESPONDENT R. W. BURNS
NURSING CORRESPONDENT Miss P. M. JEFFERIES
BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2187

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

There are two ways of looking at the duty of the State in relation to housing: either housing should be regarded as a normal economic service, such as the provision of food or clothing, which the State may help the poorest people to afford, or it should be regarded a social service, such as health or education, to which every citizen should be entitled. It is the shift of emphasis from the second to the first of these concepts that has aroused so much opposition to the Government's new Housing Finance Bill.

Although housing for the elderly has never become properly integrated into the social services, the elderly have special housing needs which cannot be separated from the welfare system. It is, therefore, hardly surprising that the new Bill will create further difficulties for the pensioner. Local authorities, who are bound by law to house homeless old people, are to increase their rents; so, too, will housing associations in order to get subsidies. The increased cost of land may also prevent many local authorities and voluntary bodies from building suitable accommodation for the elderly.

These problems are likely to proliferate with the increasing population of over-75's (already nearly 2½ million). Improvements in geriatric care are making more people fit to leave hospital but there are few facilities for those not ill enough to stay in hospital and not well enough to live alone. There is not only a need for more special accommodation but also more adequate personal social services which would allow many pensioners to continue to live independently in their own homes. If the Government are to move away from the idea of housing as a social service, let us hope that there will be a compensatory growth and integration of the existing services to lessen the hardships this might cause for the aged.

Shapes, Numbers and Slow or Rapid Movements

Had one asked the man on the top of a Southwark cart in the first quarter of the Seventeenth Century why mountains exist, his answer would have been that they attract rain clouds and collect water which can run down and irrigate the land for man's crops. He would probably have said a great deal besides; that mountains protect man from winds and that they are living monuments of God's fearsome power and vengeance when Eve made that terrible mistake. All these were respectable explanations of nature; all objects and events had a Final Cause. On the Continent the Church disapproved of natural philosophers who dismissed God from the living world. Some were burned, some were forced to abjure their beliefs.

From all this a new language for science emerged. The language explained the mechanised world simply in terms of matter in motion, the so-called primary qualities. They were established so as not to give offence to the Church. They precluded discussion of man's soul and his mind and God, all of which were still in the world of theological philosophy. Final were distinguished from efficient causes, the latter were susceptible to observation while the former lay in the deepest obscurity, and were unnecessary for the mechanical world.

That way of looking at the world is still the way of science. It set out excluding from its area of application such problems as the mechanisms of the brain, or what is life, or what defines a human animal. These questions are now of central importance to doctors whose experience is in terms of two separated doctrines, a knowledge of supposedly hard physical laws, and the more informal human sides of a situation. To what extent are people on a respirator alive? To what extent is abortion different from destruction of a born baby? Most of us are born with genetic defects to a greater or lesser extent, such as wanting to become a doctor or politician, but at what point do genetic abnormalities make creatures inhuman? Doctors are expected to make decisions on these matters because they have a wide experience of them and are at the centre of the practical measures to be taken. Yet they know the difficulty in making any rational judgment because their special knowledge uses a language that precludes a consideration of such issues.

GUY'S DIARY

MAY

9 Tu. 1.00 Clinical Lecture. Dr. STIMMLER.
"Diabetes Mellitus in Childhood."

11 Th. 1.00 Clinical Lecture Dr. JOINER.
"Clinical Syndrome of Peptic Ulcer."

15 M. 1.00 Clinical Lecture. Dr. WELLS.
"Chronic Mucocutaneous Candidiasis."

16 Tu. 1.00 Clinical Lecture. Mr. ELLIS.
"Thromboembolism."

18 Th. 1.00 Clinical Lecture. Dr. MALLINSON.
"Diseases of the Oesophagus."

12 F. 1.00 Clinical Lecture. Dr. JOSEPH.
"Rheumatic Fever in Childhood."

NOTICE

GUY'S '71—'72 SOCIETY

If there were sufficient support from ex-students it would be possible to form a '71—'72 Society for keeping in touch with contemporaries once they have departed from the sacred confines of Guy's.

Anyone having taken or taking their 3rd M.B. in 1971 or 1972 could become a member and this would entitle them to a regularly circulated list of all other members' names and addresses at a small fee to cover costs of printing and administration.

Mrs. Dorothy Frost has kindly consented to act as Secretary and all those interested in the project should send a stamped addressed envelope to her at:—

"Pembroke House",
Fountain Lane,
Soham,
Cambs.

Further information will be sent as soon as possible.

NEWS IN BRIEF

James Spence Medal

We congratulate Dr. Ronald Mac Keith on his award of the James Spence Medal. This award, made by the British Paediatric Association, is "for outstanding contributions to the advancement or clarification of paediatric knowledge", and previous recipients have included such eminent men as Sir Macfarlane Burnet and Professor Lionel Penrose.

Ronald Mac Keith would be the first to point out that this award is recognition not only for the many new thoughts in paediatrics which he has put forward, but also for Guy's Medical School and Hospital where so many of his contributions have influenced paediatric teaching and attitudes to problems in childhood. His measures (to name but a few) have included: the child is to be treated as equal, "albeit of less experience"; there is a need to charm the individual patient; the patient's social setting is evident because every child comes with his mother. Many, both as students and colleagues, have learnt much wisdom from Ronald Mac Keith during the past 25 years, while he has been at Guy's.

We are delighted that a Guy's paediatrician should have been awarded this outstanding distinction and again give our congratulations to Dr. Mac Keith.

More Beers in the Bar

Various changes have been quietly taking place in the Students' Bar in the East Wing over the past few weeks.

The first, some time ago, was the introduction of Draught Guinness which has proved a great success. More recently, Heineken Lager has replaced the original Skol, and this will supply a pint which does not consist mainly of froth. Long Life, Ind Coope's best beer, has been added as an experiment to test the students' palate.

An increase in prices had, unfortunately, been forced on the bar, due to very serious financial difficulties, but it is pleasing to note that the bar is now showing a profit, although still labouring hard under its original substantial deficit.

Evening trade has fallen off, although keg beer prices compete very favourably with local taverns. In an effort to win you back to Guy's in the evening, the **Graham Humphreys Jazz Band** will play in the bar on Thursday nights, starting next week, 11th May.

The band, which is currently playing at the "Albany", Great Portland Street, will start at approximately 7.30 p.m., and plays in a lively traditional manner. Admission is free, so it is hoped that support will be sufficient to enable this to continue beyond the initial trial period of four weeks.

Professor Williams

Dr. Peter Llewellyn Williams recently was appointed to a Personal Chair in Anatomy at Guy's.

Dr. Williams was educated at West Monmouth Grammar School and St. Catharine's College, Cambridge, which he entered with a State Scholarship. There he gained a "Double First" in Parts I and II of the Natural Science Tripos and successively became a College Exhibitioner and College Scholar. He was awarded the Marmaduke Shields University Scholarship in Anatomy. His clinical education was at Guy's where he obtained the gold medal in clinical Medicine.

After house appointments at Guy's and service in the R.A.M.C., Dr. Williams held various University appointments in the Anatomy department.

Dr. Williams publishes extensively in the field of Neurobiology and is co-author of a well-known text on Embryology. He is Joint Editor, with Professor Roger Warwick, of Gray's Anatomy.

Guylines

This is the title of a new intra-hospital news sheet. It is produced by the Personnel Department for circulation within the group and it is hoped to publish an edition every month.

It is aimed mainly at the Hospital staff in the administration, maintenance, domestic, cooking and laboratory services rather than the medical staff. As such the topics under discussion are of general interest, the prices of meals, London Weighting Allowance, the Laundry, a proposed staff association, and the voluntary services.

The purpose of the news sheet is to serve as a channel of communication, views and vacancies within the group.

It is hoped that this becomes a well-read, and regular production; then it can be said that Guy's is catching up with the times.

BOOK REVIEW

"A COLOUR ATLAS OF GENERAL PATHOLOGY" by G. Austin Gresham, Published by Wolfe Medical Books, Price £3.75.

In this book coloured photomicrographs are used to illustrate the important features of general pathology processes. It comprises 435 illustrations, usually four to a page with plenty of space for students to make their own notes. These illustrations are interspersed with brief texts in which the relevant pathological changes are described.

The whole concept of the thing is admirable but regrettably its execution is woeful. This is mainly because of the extremely poor quality of the illustrations. Of 435 photomicrographs and pictures of gross specimens little over 250 are even adequate; less than two dozen are of a really high standard. The main defects are the very variable quality and intensity of the haemotoxylin and eosin staining, and the inconsistency of the colour photography. Some of the illustrations are out of focus and a couple are incorrectly labelled.

The text is sound but uninspired and is aimed at a simple basic level suitable to students meeting general pathology for the first time. So poor is the standard of the illustrations, however, that information could probably only be culled from most of them by an experienced morbid histologist, and then only with a hard-working eye of faith. This discrepancy between the level of the text and the expertise required to make use of the poor illustrations is my major criticism of the book. It gives the unfortunate impression of having been thrown together in haste, using only the photomicrographs on hand at the time, irrespective of their quality.

The book could be greatly improved if the illustrations were to be brought up to the standard of the few good ones shown (for instance those on sarcoidosis), preferably using restained slides (many are too palely stained) photographed on the same camera by the same operator and using the same filters. Until some degree of uniformity of quality is attained the atlas is virtually useless, and is not recommended, least of all for the groups of students at which it is aimed.

A. STEVENS

ETERNITY

The Sky, part curtained by the clouds, with gaps of eternity,
In blue, showing through to worlds hidden by sunlight.
Stars that still glitter there beyond the stare of mortals.
Only in the night Man's eyes reflect the daylight
Of that chilled chandelier, unmoved by the wind's hand.
The hand that curls the autumn leaves about your feet.
Points that burn to defeat the emptiness of eternity,
Until the clouds meet, shutting the curtains of light,
Leaving only the darkness of sight to make the ears the eyes
Of the face and the cheek a hand, in sensing the movement of air.
Air, unfrightened by the unseen chandelier hanging there.
A chandelier that will still be hung in that sky when all sight is done
And your feet no longer dam the autumn leaves in the wind's hand.

B. Wotton.

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A History of the Guy's Hospital Boat Club

IV. Recent Years 1965-70

by

D. K. C. Cooper

Vice President, Guy's Hospital Boat Club

The years 1965-70 of the Guy's Hospital Boat Club have been a period of unparalleled activity. The number of oarsmen increased considerably and the Club became one of the most active in the Hospital. This period culminated in the 125th anniversary of the Club (1969-1970), which gladly proved a most notable year both on and off the river.

1965

In 1965-6 P. Burton was Captain. The Gurney Cup event was held early in the season and the races were rowed in two divisions, Senior and Junior. P. Gooder, one of the best scullers seen at Guy's in recent years, won the Senior event and took the trophy; the Captain won the Junior. The Club had considerable success in the U.H. Winter Regatta entering six out of nine events, reaching five finals and winning three. Gooder took the Junior sculls and there were wins by the Junior IV (Crew: Bow, J. Pook; 2, R. Mandeville; 3, P. Burson; Stroke, R. Forrest; Cox, C. Woodhouse), and the Rugger IV. In the U.L. Winter VIII the 2nd VIII took the Junior division title and the 1st VIII lost narrowly to Q.M.C. in the Senior division. It is of interest to note that the cox of the winning Guy's VIII on this occasion was Tim Kirk, who learnt his coxing at the Hospital and who, less than three years later, was to cox the U.L. 1st VIII which won the Henley Grand and represented Great Britain in the Olympic Games at Mexico.

Activity continued at this high level throughout the winter and much credit is due to the Captain and his excellent Hon. Secretary, J. Williams, for keeping three VIII's together for the Head races, and, in fact, entering a record four VIII's in the Tideway Head event. Results were not outstanding but obviously the administration of the Club during this period was extremely efficient and enthusiastic. During the summer months Guy's crews entered several regattas but with no real success, though the 3rd VIII excelled itself by making a bump within two minutes on all three nights of the U.H. Bumping Races.

Election of U.H.B.C. Officials

No fewer than 48 members of the Hospital had rowed for the Club during this season. P. Burton and J. Williams were unanimously elected respectively Captain and Secretary of the U.H.B.C. for

the 1966-7 season. Their selection set something of a precedent, Guy's men holding these positions during the next two years also (1967-8: R. Forrest and T. Kirk; 1968-9: C. Woodhouse and P. Gooder).

M. Mace was Captain of Boats for 1966-7. Paul Gooder retained the Gurney Cup unopposed and Giles Taylor, a University Trial Cap in this season, won the Junior event. Guy's submitted yet another massive entry in the U.H. Winter Regatta of this season; one Senior IV, two Junior VIII's, one Junior IV, four Novice IV's, one Senior and four Junior Sculler's were entered. The first VIII were unlucky to be disqualified while leading in the final of the Junior VIII's, but four of this crew won the Junior IV's by a canvas (crew: Bow, A. Batch, 2, P. Moulder; 3, M. Mace; Stroke, J. Miller; Cox, T. Kirk). No fewer than four Novice crews were entered, the "A" crew losing in the final to the Royal Dental Hospital. This typifies the Club's recent efforts to coach beginners from scratch. In this, considerable success has been achieved and several eminent members of recent first VIII's have learnt their rowing at Guy's. A good example of the success of these coaching efforts can be found in the Novice "A" crew mentioned above. Two members of this IV, P. Robinson and A. Fenn, who went on to row in University of London crews and the former of these two was the 1969-70 U.L.B.C. Vice-Captain, a very considerable honour.

Further revival of Guy's-Bart's Boat Race, 1966

In 1966 the Guy's-Bart's Boat Race was revived once again, mainly by the efforts of Guy's men and particularly by Jonathan Williams. This was a further revival of the races first recorded in 1847 and revived in 1955. Bart's was considered to be Guy's traditional rival as it was these two hospitals that for many years were the only ones to enter the early Inter-Hospital races, as we saw earlier in this account. When revived in 1966 the event was raced in two divisions, basically for 1st and 2nd VIII's. Two trophies were generously presented for these two races—the "May and Baker Challenge Cup", and the "World Medicine Clinker VIII Challenge Trophy", which was in the form of a fine silver shield. The revived races were held at Chiswick on the 26th November, 1966, with Mr. J. Mansie in the Umpire's launch. Bart's won the Senior race by two lengths, and Guy's the Junior by $\frac{2}{3}$ length. A successful Inaugural Dinner was held at The Angel, Rotherhithe later in the season.

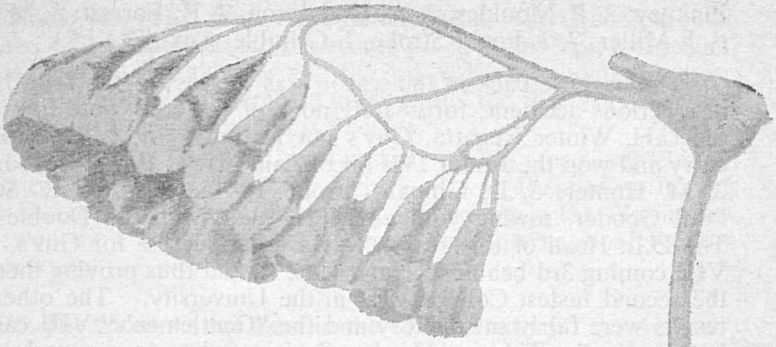
No fewer than four VIII's were entered for the U.L. Winter VIII races, a record Guy's entry. A rather scratch Senior VIII, containing several University trialists, lost to the London Hospital by $1\frac{1}{2}$ feet. The 1st Junior VIII put up an excellent performance to take the Junior event, beating Imperial College in the final and thus winning the trophy for the first time since 1966 (Crew: Bow, M. Fortune; 2, P. Moulder; 3, C. West; 4, J. Miller; 5, M. Mace; 6, N. Bax; 7, A. Batch; Stroke, R. Mandeville; Cox, T. Kirk). The second Junior VIII and Novice VIII were less successful.

During the Spring Term the 1st VIII, which rowed in the Head races, was undoubtedly one of the best to represent the Hospital in recent years. The 2nd VIII was also unparalleled in its standard. Much of the improvement in standard during this period was due to the dedicated and enthusiastic coaching of M. A. Preece and P. Burton. The 1st VIII contained some extremely good stern oars in I. Grimble (Stroke), a Leander Cadet, and P. Gooder (7) and J. Miller (6), both of whom were subsequently selected for the University 2nd VIII. Miller, in particular, must be considered extremely unlucky not to have won a place in the U.L. 1st VIII in 1967-8 (Olympic VIII) and even more so in 1968-9. The 1st VIII were the third college to finish out of 27 entrants in the University of London Head race, and finished 68th, being the fastest Hospital and the second fastest U.L. College in the Tideway Head race, this being an improvement of 94 places on the previous year. This performance is one of the finest of any Guy's crew in this race in recent years; (Crew: Bow, A. Batch; 2, P. Moulder; 3, G. Stygall; 4, N. Bax; 5, A. Hodgkison; 6, J. Miller, 7, P. Gooder; Stroke, I. Grimble; Cox, T. Kirk; Coach, M. A. Preece). It should be noted that the Captain, M. Mace, was unable to row due to glandular fever. The "Gentlemen", though failing to come last, were "unique in being the only crew to have a member rowing in a top hat."

In the U.H. Bumping Races the experienced R. Forrest and J. Pook replaced the stern pair in the 1st VIII and, after being within 3 feet of St. Thomas's on the first two nights, succeeded in bumping them on the final night to move up to third place. This VIII was almost certainly the fastest on the river on that occasion but some over-eagerness on the earlier nights possibly prevented what might have been a very much more resounding success. In the Hospitals' boat race of this season against Bart's the 1st VIII were disqualified when surprisingly losing by a $\frac{1}{4}$ length after colliding with Bart's near the finish, but the 2nd VIII won by eight lengths. Both the 1st and 2nd VIII's were active during the summer season, a Junior IV and Novice VIII winning at Putney Town Regatta. The season ended on an excellent note when a scratch composite VIII won the Junior's at Richmond after four rounds of racing. The final was best described by a spectator who remarked: "Cor, you from Guy's? What a race! I thought you were entering a hovercraft—spray everywhere and going like hell in the middle of it all!" For sheer determination and effort this VIII was one of the best (Crew: Bow, N. Pinkney; 2, R. Tudor-Williams; 3, P. Gooder; 4, J. Skuse; 5, J. Swain; 6, A. Fen; 7, J. Pook; Stroke, K. Sommi; Cox, R. Stanley).

The Boston Marathon, 1967

Captain of Boats in 1967-8 was A. Hodgkison. For the first time ever Guy's entered that "event of events", the Boston Marathon. A 31 miles time trial from Lincoln to Boston and the longest rowing race in the world. In this "exercise in masochism" the Guy's VIII put up a most courageous performance to finish 3rd out of 89 crews (of all types of craft) in 4 hrs., 4 mins., 17 secs. (Crew: Bow, N.



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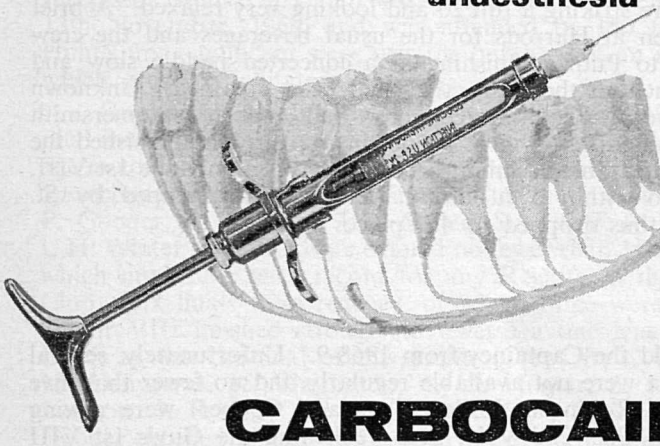

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Pinkney; 2, P. Moulder; 3, A. Hodgkison; 4, R. Forrest; 5, M. Mace; 6, J. Miller; 7, J. Pook; Stroke, I. Grimble; Cox, T. Kirk).

An early setback in the season was the loss of the 1st VIII shell in a serious accident; fortunately none of the crew were injured. In the U.H. Winter Regatta, Guy's put in the, by now, expected large entry and won the Junior IV's once again (Crew: Bow, A. Hodgkison; 2, M. Hunter; 3, D. Gilman; Stroke, R. Pierce; Cox, R. Stanley). Paul Gooder, rowing with a U.C.H. man, won the Double Sculls. The U.L. Head of this season was a great success for Guy's, the 1st VIII coming 3rd behind I.C. and U.L. II, and thus proving themselves the second fastest College VIII in the University. The other Head results were fairly satisfactory and the "Gentlemen's" VIII came last but one in the Tideway Head, only just failing in a superb attempt to repeat their success of 1962. Formed by the efforts of John Skuse and coxed by the "intrepid J. Mansie, Esq.", the "Gentlemen" went off at a startling 5, 10 and 17½ in the first minute. At Barnes Bridge they were striking a full 20 and looking very relaxed. A brief pause was taken at Harrods for the usual beverages and the crew then raced on to Putney, finishing at a concerted paddle slow and feeling confident that their objectives had been obtained. Unknown to them, however, a King's College crew had sunk at Hammersmith but had been refloated—a most unsporting gesture—and finished the course in an unbeatable 35 minutes. In the U.H. Bumps the 1st VIII, after getting to within 3 ft. of St. Mary's, were bumped by St. Thomas's and thus dropped to 4th place.

Tim Kirk

N. Bax held the Captaincy from 1968-9. Unfortunately, several leading oarsmen were not available regularly and no fewer than five others (Gooder, Robinson, Miller, Fenn and Cooper) were rowing regularly in the U.L. 2nd VIII, thus weakening the Guy's 1st VIII considerably. Tim Kirk, after coxing the U.L. VIII, which won the Henley Grand and took part in the Olympic Games in 1968, was still in the coxwain's seat of the U.L. first boat. He subsequently went on to cox the Coxed IV and Coxed Pair which represented Great Britain in the European Championships in 1969, and the Coxed IV in the Word Championships in Canada in 1970.

A strong VIII put up a very creditable performance once again in the Boston Marathon but the 1st VIII Head results were disappointing, an inexperienced 2nd VIII doing almost as well. Paul Robinson won the Junior division of the Gurney Cup and surprisingly went on to beat Paul Gooder in the Senior division. The U.H. Bumps provided a cheerful note in the year. A new 1st VIII was formed around the five U.L. oarsmen eligible to row for Guy's. The first night of the Bumps was cancelled after a period of chaos when the starting pistol failed to fire, but on the second night Guy's made probably the quickest bump ever, catching Bart's in 28 strokes. On the final night, however, this powerful crew failed to catch an extremely

experienced Thomas's crew and therefore had to be content with 3rd place. The 2nd VIII gained seventh place in Division I, the highest ever obtained by this crew and the 3rd VIII consolidated its position in the 1st Division, therefore making this the first year ever that Guy's had all three crews in this division.

Later in the summer season four Guy's men represented University of London crews at Henley Royal Regatta. In this season also, the writer had the privilege of rowing in the Welsh crew which won the Coxed IV event at the Home International Regatta at Monmouth.

1969-70: The Most Active Year in the Club's History

Peter Hunt captained the Club in the 125th year of its existence (1969-70), and used his genius for organisation to guide it through a period of unparalleled activity both on and off the water. A very successful Anniversary Ball was held at the Hyde Park Hotel on the 13th November, 1969, and was attended by 150 people. One of Hunt's first significant steps was the purchase of an inflatable launch which greatly facilitated coaching.

On the river four of Guy's University oarsmen represented the Hospital in a coxless IV in the Boston Marathon and rowed with great courage to complete this gruelling 31 miles course in 4 hours, 8 minutes and 50 seconds, finishing only 3 minutes after the fastest IV (Crew: Bow, P. Gooder; 2, A Fenn; 3, J. Miller; Stroke, P. Robinson). In the U.H. Winter Regatta Guy's entered no fewer than 11 crews for 8 races which must rank as a record for any Regatta in the history of the Club. Six finals were reached, of which three were won. The 1st Junior VIII finished strongly to reverse a one length lead held by Bart's to win the final of this event: (Crew: Bow, G. Moulding; 2, M. Denyer; 3, K. Thompson; 4, M. Hunter; 5, J. Davies; 6, G. Jackson; 7, R. Hay; Stroke, N. Bax; Cox, F. Moorehouse). Paul Gooder excelled himself to beat Hayter of St. Thomas's in the Senior Sculls which had not been won by a Guy's man since R. T. Lowein was victorious in the early 1940's. The "A" novice VIII took their event, winning the final by three lengths.

A record five crews were entered in the U.L. Winter VIII's Regatta, three of these coming very close to taking home the trophies. In the open event the Guy's VIII contained no fewer than six men with University squad experience plus Tim Kirk as Cox. In the above two Regattas a total of 54 oarsmen represented the Hospital, reflecting the great interest in rowing at Guy's during this period, an enthusiasm unparalleled in the history of the Club.

In the Inter-Hospital Cup races against Bart's, Guy's won both the Senior and Junior events for the first time since the races were resurrected some four years previously. The 1st VIII took the May and Baker Trophy by $1\frac{1}{2}$ lengths (Crew: Bow, G. Langley-Smith; 2, C. Collis; 3, A. Batch; 4, A. Fenn; 5, G. Taylor; 6, J. Miller; 7, P. Gooder; Stroke, P. Moulder; Cox, F. Moorehouse). The 2nd VIII, which had already won the U.H. Junior VIII's, reached the finish

¾ length up. On the same afternoon Chris Collis won the Senior division of the Gurney Sculls and Nigel Bax the Junior.

During the Spring Term a newly-formed 1st VIII reached the final of the London Rowing Club College Regatta which might have been won but for appalling weather conditions and rather poor organisation. In the U.L. Head Guy's was the fourth College to finish and took the Junior Pennant. The Hospital 1st VIII improved its position considerably in each of the Head races, though the Tideway Head result was somewhat disappointing. The "Gentlemen", coxed by the "illustrious" Mr. James Mansie, successfully regained last place.

Guy's entered a record five VIII's in the U.H. Bumps in May, 1970, with generally good results, though the 1st VIII was surprisingly bumped by Bart's. A further record entry was made in the U.L. Summer Regatta, Guy's entering six of the seven events and reaching the final in no less than five, though in each case the Hospital had to be content with being runners-up. Great credit is due to Peter Hunt for the activity and success of the Club during this season. A very successful and enjoyable Hospital Regatta was also held at Chiswick on 6th June, the first time such an event has been organised.

Unfortunately, it was not found possible to send a crew to Henley Royal Regatta though Tony Fenn represented the University with Wilkes of Imperial College in the Silver Goblets. However, 1969-70 proved a fitting 125th Anniversary year.

In 1965 I wrote a short article on the Boat Club's appearances at Henley Royal Regatta and ended with a quotation from a letter to the *Gazette* of 23rd September, 1905, from "A.A.", almost certainly Arthur Alport, one of the finest all-round sportsmen Guy's ever produced. I can think of no better way of concluding this history of the Guy's Hospital Boat Club than by once again quoting Arthur Alport. Whilst reminiscing on the activities of the members of the Club in his day (the late 1880's) he commented that, although these were not always " . . . . attended by any successes, yet we did a lot of trying and got much health and amusement from our efforts." I am sure that all of those who have proudly represented the Hospital on the river would agree with these sentiments.

The author is extremely grateful to Miss Isobel Cleghorn, S.R.N., for considerable secretarial assistance in the preparation of these articles.

Helen Watts to Sing at Guy's for the Spastics Society

There will take place on the 10th May a concert that is probably unique in the history of Music at Guy's. It has been arranged by the Hospital Music Society, and will take the form of a recital given by the contralto Helen Watts in aid of the Spastics Society. In addition a buffet supper will be served.

The original stimulus for the concert came from the Society's purchase of a new Steinway grand piano for concert work, made possible by kind donations from the Guild of Ex-Patients, The Ladies' Association and the Nurses' League, and it was decided to inaugurate this with a Charity Recital. Miss Watts was contacted and has very kindly offered to give her services in aid of the charity which particularly interests her.

Helen Watts

Miss Watts was born in Pembrokeshire and studied at the Abbots Bromley School in Staffordshire. Although originally intending to take up a career in Physiotherapy she was at that time under the age required for entry to the hospitals, and on the recommendation of Ernest Read, went to the Royal Academy of Music to study singing and piano. Her first professional engagements were for the Welsh Home Service, and included a notable broadcast of Gluck's "Orfeo" that led to widespread engagements throughout the country, whereupon she quickly established herself as one of the foremost contraltos.

Miss Watts now travels extensively, being away from this country for at least half the year, and has sung in places as widespread as the United States (where she has been for two visits in the period before this concert), Israel, Scandinavia and New Zealand. Although primarily a recitalist, she appears frequently at Covent Garden, where the operas she has sung in include "The Ring", "Peter Grimes", and "The Midsummer Marriage", and has also sung in "Elektra" at the Salzburg Festival and the title rôle in Benjamin Britten's "The Rape of Lucretia" in Russia. Her performance as Mistress Quickly in the Welsh National Opera's production of Verdi's "Falstaff" for the Investiture celebrations was hailed by the critics as well-nigh ideal. The scope of Miss Watts' repertoire ranges from songs of the Italian Monodists (a group of which she will be including in her programme) to music of the present day, but she is particularly associated with the music of Bach, Handel, Mahler and Schumann. Her recorded output mirrors this wide scope, and she has been claimed to be one of the most recorded of British singers.

Miss Watts' hobbies include study of the Elizabethan Age, and in fact she will be including some settings of texts by Mary Stuart in her programme. Apart from the items already mentioned, the programme will include songs by Thomas Arne, Mussorgsky's "The Nursery" and some folk songs.

Miss Watts' accompanist for this occasion will be Mr. John Streets who has also kindly offered to give his services, and we would like to extend our gratitude to them both for their help in what promises to be a most enjoyable evening.

The Spastics Society

I am told that when the Society started in 1952 their total means consisted of a single five-pound note and unlimited determination and dedication. With these somewhat insubstantial resources they set out to combat what was felt to be something in the way of a national emergency in that very little was being done to help the thousands of Spastics throughout the country, and many were being left in institutions and forgotten.

Since then the Society has added 175 local groups, has built about 130 schools and special centres throughout the country, and is constantly promoting research into cerebral palsy in medical institutions everywhere, including the Paediatric Research Department here at Guy's.

I am indebted to Helen Watts, Dr. R. C. Mac Keith and Mr. Rider of the Spastics Society Information Dept. for their help in preparing this article, and to Mr. Roy Round for his permission to reproduce the photograph of Miss Watts.

Stephen Golding

Sensodyne introduces the Sensodyne Softex toothbrush for complete hypersensitivity treatment.

Patients suffering from hypersensitivity often neglect oral hygiene simply because brushing hurts too much. Now Sensodyne can break this pain/fear/neglect cycle, whether the hypersensitivity is associated with gingivitis, periodontitis, surgical exposure, erosion, or other dental conditions.

The Sensodyne Softex brush, used in conjunction with Sensodyne tooth-paste, makes brushing teeth a pleasure again. The toothbrush has specially rounded tufts—no sharp points to scratch or injure gums. The tufts are close packed to give the most efficient cleaning action.

The head of the brush is short and narrow, making it easier to brush properly and clean all parts of the teeth. And there's a special tip of natural rubber for extra gum massage between the teeth.

Sensodyne tooth-paste is specially made for the adjunctive treatment of hypersensitivity. It contains strontium chloride, a unique therapeutic agent with a cumulative de-sensitising action. The more your patient brushes with Sensodyne, the less it hurts, so the habit of regular brushing is quickly regained.

The Sensodyne Softex tooth-brush and Sensodyne tooth-paste used together give the complete treatment for sensitivity sufferers.

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NURSING SECTION

The Competitive Nurse

There has recently been announced, amidst much publicity and without any interference from Women's Lib, the winner of the Nurse of the Year Contest, which is organised by one of the national newspapers.

It is rather strange that this type of competition is condoned by the professional bodies. Nurses themselves can do little about it, as they are entered for this cattle show by their ever-loving and inordinately proud relatives who are probably totally unaware of the gross disservice they are rendering. However, one would imagine that the Royal College of Nursing would have had this discontinued. The whole thing is after all only one degree better than the Miss World competition, the only difference being that a nurse does require to have at least average intelligence. Can one imagine though the B.M.A. or the Law Society permitting a competition designed to discover the Doctor or Lawyer of the year? The mind boggles.

Another question which comes to mind is what exactly are the judges searching for? What is a perfect nurse? In fact does one exist? It is doubtful. One cannot after all measure this by vital statistics.

It was interesting to note that when one of the judges of this year's competition—who is in fact a Consultant—was interviewing he had great difficulty in defining the qualities for which he was searching. Given the chance, most nurses could define in seconds the qualities required in a good doctor. However how a nurse is assessed without being seen at work is difficult to define. Maybe the fact that this year she was a Sister at a teaching hospital helped.

Surely it is detrimental to a professional body to have its members involved in competitions such as this. It is known that the public are very sympathetic towards nurses, and the profession is very grateful for this. However it does tend to perpetuate the angelic image and that is not something which is desired.

If national newspapers really feel moved to finance projects in aid of nurses would it not be more advantageous if it were in the form of a travelling scholarship or something similar for which the contestants had to work? This would be far more satisfying to the eventual winner and also extend the competition to those who are not particularly good looking and photogenic.

Why have not the nebulous bodies at the General Nursing Council and the Royal College of Nursing made moves in this direction, and thereby attempted to improve the professional status. If they had, more nurses would take a favourable view of competitions organised amidst much publicity.

CORRESPONDENCE

Author Revealed

SIR,—Whoever wrote the Nursing Section on a "Question of Attitudes", did not have to sign it, which is perhaps just as well!

The question of change of uniform must be challenged, as I am sure a great majority of nurses are proud of their hospital uniform, and wish to retain the tradition and personality of their Teaching Hospital.

They are not demonstrating "inflexibility" or "inadequacy", but preserving their identity and status, and maintaining the confidence the wearing of uniform gives to both patient and nurse.

Yours sincerely,

SHELIA MCLAUCHLAN

62, Friars Street,
Sudbury, Suffolk.

The Nursing Section is always written by our nursing correspondent, Miss P. M. Jefferies.—Ed.

1919 and all that

SIR,—The death of Dr. G. O. Mitchell whose obituary appeared in the B.M.J. of 22nd April brings back to my mind a triumvirate of, as it proved, able young men all of whom are now dead, and all of whom were my contemporaries in 1919, particularly, as I remember for some reason, in the Biology Laboratory. Until I came to read their obituaries I did not somehow realise that I was their senior on age by about six years, and very much of a "new boy" because I had never studied Chemistry or Physics, let alone Biology. "Comparisons are odorous" said Mrs. Malaprop, but of these three men the palm must surely be given to P. Moffat who took all the highest qualifications both in medicine and surgery and also a D.P.H. He died suddenly whilst fishing a few years ago. Powell, as I recall, was killed a year or two ago in a road accident whilst visiting a son in Australia. And now the last of these three boon companions as they appeared to be at Guy's has gone.

To their mental abilities one must add an unusual degree of modesty and friendliness.

Yours faithfully,

G. L. DAVIES

Short Loan Collection

SIR,—During recent weeks we have been building up a small overnight loan collection of multiple copies of standard textbooks which are in much demand by students. The collection consists for the most part of major works costing at least £5 which, although they are essential reading, are beyond the pockets of most students. As you know our own funds are very limited so the initial collection is quite restricted: a list of titles is available in the Wills Library. We hope, though, to be able to maintain this collection as new editions are published and in time to extend its scope.

Books in the short loan collection are lent overnight or from Friday to Monday and must be returned by 1.00 p.m. on the following day. The success of the scheme does depend on readers returning books promptly.

I shall be grateful if you will publish this letter so that students may be made aware of this new service.

Yours, etc.

J. M. FARMER
Wills Librarian

The Wills Library,
Guy's Hospital,
London Bridge, S.E.1.

Guy's Hospital Reports

SIR,—I should be grateful if you would allow me some space in your columns to give your readers, particularly those who may be new to Guy's, some information about the Guy's Hospital Reports. This Journal was first published in 1836 and has, apart from a few years, appeared regularly ever since. In this respect it has a record of achievement unrivalled by any other London Teaching Hospital Journal. In recent years there have been difficulties with achieving punctual publication but nevertheless the Report continues to appear and will shortly complete its one hundred and twentieth volume.

In the past its pages have been adorned by contributions from many illustrious authors, such as Addison, Astley Cooper, Bright, Hodgkin, Wilks and William Gull. Apart from the famous it has published much work by members of the junior staff and, occasionally, students. It is indeed one of its more valuable functions that it provides opportunities for the less experienced authors of scientific papers to learn something of the skills required in this respect. Its pages are open for contributions from any who can qualify to be called "Guy's Men" (which is taken of course, to include women); for this purpose the term may be taken to include anyone who has trained or worked at Guy's at any time or who has worked in association with a Guy's graduate on the matter being reported. The material of the communication need not necessarily originate from Guy's. I would like to take this opportunity to invite your readers to submit material to the Reports; all contributions will be carefully considered, for the pages of the Reports are not reserved for the writings of an exclusive élite. It is another advantage of publications in the Reports that material can be presented more comprehensively than is possible in many journals.

It occurs to me also that some of your readers may not be aware that an annual subscription to the Reports is available to Guy's men at the very advantageous reduced rate of £3.15 per year, including postage. The Hon. Treasurer of the Reports, Professor G. E. H. Foxon of the Biology Department in the Medical School, will be pleased to receive new subscriptions from anybody who would like to support, and benefit from receiving, the Guy's Hospital Reports.

Yours faithfully,

D. C. DEUCHAR

Editor, Guy's Hospital Reports

Sir Hedley Atkins

SIR,—The 6th November, 1971 issue of the Guy's Hospital *Gazette*, with the announcement of Sir Hedley Atkins' retirement, reached me earlier this week. It certainly seems too soon for Sir Hedley to retire, but medical schools, which quite properly emphasise individualisation with respect to the care of the patient, rarely apply that principle to the retirement of the professor.

May it be added to your brief account of Sir Hedley's career that he made many friends around the world. It is understandable, in view of his high office in the Royal College of Surgeons, that this should have happened within the Commonwealth. But it is not so necessary that it should have happened in America too. Many, such as myself, simply had the privilege of working at Guy's Hospital in the Department of Surgery for a period of time. Others were touched or influenced in other ways, often on their "home ground."

But whatever the circumstances, and here, of course, I can only speak for myself, Sir Hedley made a lasting impression: warm and kind as a person and very much what one would expect the British Surgeon to be—refined, gracious, competent, and clear-headed.

No doubt he will continue that way, the only difference being that our access to him will be a bit more limited.

Sincerely yours,

DONALD C. MARTIN, JR., M.D.

State University of New York,
Downstate Medical Center.

The Underdeveloped Sex

SIR,—It was not without satisfaction that I read your two editorials dated 25th March and 8th April. However, they were on a theme which it would be unnatural to expect many men to want to read, particularly men of the old Guy's tradition as I should like to demonstrate.

The question was first raised in an 1891 edition of the *Gazette*, captioned as follows: "Is woman mentally inferior to man?" In a long letter "G.M." concluded that "Woman herself is to blame if she is not treated with chivalry, for she makes us forget she is a woman by endeavouring to become a man and to undertake work for which her intellectual faculties are entirely unsuited."[1]

By 1940, the attitudes of some males to the very presence of women in working life had not altered[2] but in 1943 a Senate committee set up to investigate living conditions of women medical students, recommended that a proportion be admitted to the all-male London medical schools. Passim, in 1945, now conceded that "many branches of medicine are highly suitable for a woman to follow" but "why should women be educated with men?"[3] This attitude was explained by R. T. Hinde later that year:—

"There is a large number, in the view of many, a large majority of men who just do not want to be in the presence of women for the whole of their working day as well as the hours of recreation . . . it comes from a man's bones . . . and he thinks of a woman as a complement to his life, not as a round-the-clock concomitant".[4] In 1946, Passim was stung into describing the women as "interlopers" who were suspected of being likely to take over the hospital since "in examination a girl under twenty is . . . always a better academic sponge."[5]

In the edition dated 11th October, 1947 came Passim's message: "we are invaded", women were to be spared trolley pushing and "the embarrassment of the murals in the extern's room". Would the end of firm carousal be replaced by "a cup of tea at Debenham and Freebody's?"[6]

These men, who feared change, provoked it: for how stupid they were! Instead of praising women for what they were, they sought to intimidate them by saying "Stay as you are because you are not fit to be with us." It is this attitude that activates a particular response in everyone to whom it is addressed: anger, a certain bloodymindedness and a jaundiced eye. But, also, in women, it activates a strong philosophical self-doubt:

Am I right to alter my natural biological rôle: will this result in the disintegration of my reputed "feminine" personality? Shall I end up in riding breeches smoking a cheroot? Or will the cost of ambitiousness, with its development of willpower, make it impossible for me to adapt to the traditionally complementary rôle of wife which society has cherished so much? Will I lose the love of men?

I believe that the consequences to women of deviation from their biological rôle have tended to be beneficial while it is those caused by fear in the male of his loss of exclusivity and dominance that have produced much suffering and misunderstanding. I believe that the examples I have quoted to be an illustration of my point and that, sadly, it continues.

Yours sincerely

CLARE MOYNAHAN

East Wing,
Guy's Hospital.

References:

[1] *Guy's Gazette* New Series Vol. 5 (1891) p.17 "G.M."
[2] *Guy's Gazette* New Series Vol. 54 (1940) p.316, p.327 Correspondence.
[3] *Guy's Gazette* New Series Vol. 59 (1945) p.35 Passim.
[4] *Guy's Gazette* New Series Vol. 59 (1945) p.65 Correspondence.
[5] *Guy's Gazette* New Series Vol. 60 (1946) p.271 Passim.
[6] *Guy's Gazette* New Series Vol. 61 (1947) p.277 Passim.

Optical Illusion

SIR,—Visitors and inhabitants of Guy's may be surprised when they look obliquely at a corner of the new Tower Block that the vertical edge down each corner looks curved.

In fact, the constructors have not been sloppy in their building methods but this is a "lining" optical illusion. It is an example of the Hering Illusion which Ewald Hering first published in 1861.

Yours faithfully,

D. A. STUBBS

East Wing,
Guy's Hospital,
London, S.E.1.

Correction

In the Psychiatric Case History printed in the *Gazette* of 22nd April, p.227, the beginning of the second paragraph should read "Monoamine Oxidase inhibitors . . . are also useful drugs especially where there is a *reactive* (not endogenous) depression."

IN THE HEAT OF THE MOMENT

In examinations most of us have said or written things which we do not intend. Mr. Barwell recently marked some nurses' Final Examination surgical questions on the breast and thought the following items of information given in the answers should be shared by a larger audience:

ANATOMY

1 "It is described as a hemispherical body lying between the second and sixth *cervical* vertebrae". (TOO MUCH UPLIFT)

2 "The Breast is made of lobules and ducts which *converse* towards the areola and nipple". (THE CHATTERBOX)

3 "The Breast is mainly made up of muscle tissue". (THE ACTIVE GIRL)

4 "The Breast lies *in* the Thoracic Cavity towards the outside of the body". (UNDERDEVELOPED)

CARCINOMA

1 *Intraverted* nipple is a bad sign".

2 In an advanced case "the breasts will have further crust formation and take on the appearance of a cauliflower".

SPORT

CRICKET PREVIEW — 1972

Once again Guy's Cricket XI faces a full and strong fixture list. However, it is noticeable that several of our strongest opponents do not now wish to play us since they feel that we are insufficiently consistent to give them a good game. This should not be, and is not the case. There is a wealth of cricketing talent in the Hospital. Last season we boasted one captain and up to half of the U.H. team, two members of the London University side and two county 2nd XI players. If this is not a strong enough nucleus from which to build a match-winning team then perhaps we should all give up now.

Of course, Hospital cricket has it difficulties. There are bound to be frequent gaps in the side due to take-in duties and exam commitments, but if only players were prepared to try to play regularly we would have a very strong team.

The fixture list has been considerably shortened this year (not only by our opponents), and there are fewer mid-week games and particularly the July matches have been cut—since July is always a bad month with the pre-clinical students away on holiday. Many clubs in our playing area are now going into the leagues. These are strictly competitive and, if introduced, would probably altogether kill Guy's cricket. Hence if we wish our successors in five years time to have any fixtures remaining we must not lose many more of our present games.

The whole point, surely, of any game played in a strictly amateur sense is that it should be played primarily for enjoyment. This is, I think, certainly the case with Guy's cricket although the 1st XI, by the nature of their fixtures, play serious cricket. That means that we play our games to win them but enjoyment should be the key word. The end of season tour and week-ends such as that spent down at Dover supply especially enjoyable cricket.

The 2nd XI tend to play far more light-hearted cricket. They seem, however, to do very well and certainly gain a great deal of pleasure from their games. This wide range of cricket should provide something for everyone this season.

In summary, this article is a plea for players to support the club this coming season. I know of several reputedly very good cricketers who have arrived since last season and I hope they will all play for us. I would urge anyone, of whatever standard, who is interested in playing serious or social cricket to contact myself before the start of practices. The first match is on 29th April and nets (with perhaps some practice games) will start at the beginning of April, weather permitting.

CHRIS LANGDON

BOAT CLUB

2nd VIII at Kingston Head

With conditions much improved from those of the previous week at Reading, the unchanged 2nd VIII were hoping to improve on their comparatively lowly placing. This was indeed the case, the crew dropping only six places from their starting position amongst powerful opposition to finish a very creditably 16th.

The coxing and stroking, by Charles Pugh and Geoff Vevers respectively, was as consistent as ever and despite trouble regarding balance before the start, and bow looking a little hungover, the time for the $4\frac{1}{2}$-mile course was good. Imperial College V, winners of the Novice division at U.L., were beaten easily by 30 seconds.

Crew: Bow, S. N. Rigby; 2, G. Doddsley; 3, M. Browne; 4, M. Thomas; 5, D. J. Beardsley; 6, G. Yeates; 7, P. N. Read; Stroke, G. Vevers; Cox, C. Pugh.

STEVE RIGBY

HOCKEY

GUY'S AT FOLKESTONE

Some may say that it is a fraud for this article to appear in the sports section; perhaps the social columns would be more appropriate! However, in spite of the obvious distractions of beer and song Guy's played four creditable games of hockey.

On the first day, Good Friday, the opposition was M.E.P. from Holland. Guy's were made to look a very indifferent side partly because of their own lethargy and partly because M.E.P. were obviously considerably better. They played well controlled open hockey, passing from man to man and individually some of their players made their opposite number in the Guy's side look flat-footed and slow. The first goal was unfortunate in that the ball was undoubtedly some distance out of play before being crossed for their centre forward to score. However, in spite of several protestations to the contrary, I do not think that it altered the fact that M.E.P. deserved to win by the score of 5—0. In the evening Guy's acquitted themselves with distinction and I believe that M.E.P. were sufficiently late to bed to lose the next day!

On the Saturday, it was pouring with rain but nevertheless the games were on and we played the Old Dragons. This was a much better display against a side who were a beatable proposition. However, in spite of considerable industry from some players, particularly amongst the inside forwards, and the halves, there were too many gaps where the previous night had obviously taken its toll, the player being there in spirit only: the left touchline seemed to suffer particularly in this respect! Thus with that extra something missing and a few simple defensive errors Guy's lost 3—1.

By Sunday tolerance to beer and late nights had been developed. Add to this a 5.10 p.m. bully off and a Guy's victory was definitely on the cards: the victims were the Royal Artillery and the score 1—0. Paul Calvert had committed the ultimate crime by playing for St. Thomas' Hospital in the morning and getting himself injured, therefore, as a shadow of his former self he retired to the left wing and Bip Lakhani took over the centre half position. This turned out to be advantageous since Bip played well at centre half and Calvert would consider playing on the wing if only he could run a bit faster, the merits of merely stopping and passing with no dribbling were clearly demonstrated. Your correspondent cannot remember who scored the goal but he is sure it was a good one and on the whole the forwards played very well. The defence had some narrow escapes but the score speaks for their excellence.

On the final day we played the Bedfordshire Eagles. This was probably the best display of the week-end even though the result was a goalless draw. Roger Burns had clearly decided that two wins at Folkestone would be too traumatic an experience for the Guy's team. Thus having earned himself a penalty flick by some excellent play he had the shot saved. Nobody minded since he had converted all the vital ones throughout the season, but it was more than any of us could believe when he gave us an encore in the second half! A moral victory, no less, was the conclusion!

As far as the hockey was concerned this was a good effort at the end of a disappointing season. In particular Robert Forber and Barry Jones played extremely well; in fact the former's tremendous improvement in the last few games augers well for next season. In spite of the handicap of a non-drinking captain, the other members of the team, led in great style by Mathews, more than maintained the Guy's tradition off the field. The general verdict was a first class Easter.

Team: J. Cottingham, N. Mathews, P. Nicol, P. Calvert, C. Crawshaw, B. Lakhani, B. Jones, R. Burns, R. Clark, R. Forber, P. Wilmer. Also played B. Fell, M. Vellacott (one game each).

PAUL CALVERT

INTER-HOSPITAL'S JUNIOR CUP FINAL

Result. Guy's 2, St. Thomas's 0

Although without any supporters because the Junior Rugby Cup and the Senior Hockey Cup were being played at the same time, the team put up a great performance. A determined side had practised against the 1st XI on the previous Saturday and shown them a thing or two, which indicated that they were on their best form.

From the start, however, Guy's went badly, seeming to lose their pre-match spirit as the Tommies' forwards wrecked havoc. But after surviving an early corner they gradually built up a constructive approach, the ball began to do all the work, and passes went from stick to stick. Horton and Jones stretched the opposition on the wings and sent some excellent balls across the circle to Bayliss, Brownlee and Haskett, who always looked dangerous.

It was just at the end of a roughly even first half that Guy's scored beautifully and unexpectedly. Shortly following Lloyd's misleading dummy at the other end the ball flew into the Tommies' circle after a free hit and Horton stroked it home with immaculate timing.

The second half saw Guy's well and truly on top in every department, with Matthews, Handler and Duckworth pushing the ball back to the forwards whenever they lost possession. A second goal had to come, and fittingly it was Barry Jones who made it with a hard cross to Haskett. He was harassed on both sides as he picked it up but rode the tackles to line up a superb shot, which passed just inside the post.

I would like to take this opportunity to thank Colin Hunter-Craig for forfeiting his valuable spare time and umpiring for the 2nd XI throughout the season. Also to thank all the "boys" who played this season in the 2nds, especially for their good humour both on and off the field.

Team: H. Lloyd, G. Sparrow, A. Holland, N. Matthews, P. Duckworth, C. Handler, B. Jones, W. Brownlee, J. Horton, T. Bayliss, M. Haskett.

TONY HOLLAND

INTER-HOSPITALS' SENIOR CUP FINAL

Result. Guy's 3, Bart's 3
Replay. Guy's 0, Bart's 2

Guy's reached the final for the third year running by beating the London Hospital 1—0 in a Semi-final replay. This was played under terrible umpiring conditions on a very spongy pitch, and provided an initiation for R. Hannaford at full back.

The first final was played at Cobham on a perfect pitch and although Guy's had arrived early for a warm-up and Bart's arrived late, it was Guy's who looked shaky from the start. Following a necessary foul after some poor covering Read slotted a short-corner for Bart's and again after half-time the defence split open for Bart's to score directly and spectacularly, without the foul this time.

But Paul Calvert was getting a mental grip on the game and pushed Guy's forwards. There were no open goals, but relentless pressure led to two penalty strokes following deliberate fouls in the circle. Roger Burns converted both of these so that the full-time score was 2—2.

In extra time Guy's looked at their best, Crawshaw and Fell setting up some delicate moves. At last a long-corner was struck correctly and Robert Forber nipped in to score off the half-clearance. Guy's now relaxed disastrously and Read was allowed to convert another short-corner. Paul Wilmer deserves special mention here for smothering most of the shots despite sustaining an ankle injury early in the game.

The replay was held on the same ground one week later and was a far less skilful game. Fell missed the golden chance for Guy's as he flicked into the side netting from three yards with the keeper beaten and on the ground. However, this was an isolated attack and Bart's deserved to win merely because they showed more teamwork. They eventually settled the matter by scoring two goals with only seconds to go.

Thanks should go to our supporters and to our vice-presidents Aden Stewart and Professor Naylor, for the noise was really appreciated. One must add here a thought on team selection, as to whether it should depend on skill and fitness, or support and service to the club. It should be remembered that the Cup is there to be won at all costs, and it should be the Captain's duty to field the strongest possible side.

Team: J. Cottingham, B. Lakhani, R. Hannaford, C. Crawshaw, P. Calvert (Capt.), R. Fell, R. Forber, R. Burns, R. Clark, J. Walker, P. Wilmer.

BOB FELL

PAST v. PRESENT

Result: Past 1 Present 2

The importance of this game lies in the fact that it actually took place after much organisation, and it not only bought several old lags together, but also offered them the chance to reincarnate their considerable hockey skills.

Man of the match was Steve Rear whose goalkeeping in the second half was decisive and safe. However, to begin with, he hardly had to touch the ball, for the Past retained possession skilfully, prompted by Pearson and led by Lallemand in the fashion of the Duke of Plazatoro. Stuart Averill was unlucky not to score when he picked up a loose ball and hammered it home only a second after the whistle had blown, but adequate compensation came from Brian Clark following a goalmouth mêlée.

But now Mark Blake, whose fine control had been a telling factor, began to run out of gas and the Present's residual fitness showed. They buzzed like wasps round a sticky child knowing that it was a golden opportunity to improve their goal average. Forber started the movement that led to his follow-up goal, and Wilmer met Crawshaw's cross at high speed to push past Rear. Another goal could well have come when Rear sat on Burns' stick but the advantage was not taken and the chance was missed.

It was good to see so many spectators and two Vice-Presidents down at H.O.P. and we hope that even more will come next year. The two captains, Roger Lallemand and Paul Calvert showed individually how Guy's hockey has changed over the past years. The former was calm and uncompromisingly unflappable, the latter, more industrious and buzzingly persistent.

Teams: Past; S. Rear, M. Vellacott, R. Lallemand, D. Silk, C. Pearson, B. Martindale, S. Averill, B. Clark, J. Walker, D. Strickland, M. Blake.

Present: J. Cottingham, B. Lakhani, N. Mathews, P. Nicol, P. Calvert, C. Crawshaw, R. Forber, R. Burns, R. Clark, P. Wilmer. Umpires: C. Hunter-Craig, S. Weedon.

ROGER BURNS

WOMEN'S HOCKEY

A bold effort was made by some females earlier this season to recreate the Women's Hockey Club. But the hopeful fixture list never materialised, sometimes because a few of the girls could not be bothered and had no replacements available, and at other times because of the same problem with the opposition.

Where this attempt failed was in the inability to tap all the female hockey resources in the Hospital. With a little organisation some of the Physiotherapists, Nurses, Radiographers etc. should be glad to play. Only four months ago over forty nurses signed up to indicate their interest but nothing happened. Last year the Physiotherapy school spasmodically ran a side but once again had not got a sufficiently large reserve pool.

With this potential surely one combined side is possible on a regular basis. At the moment women's hockey is almost restricted to the thud and blunder of mixed hockey and it tends to follow the same fortunes. Women still have a right to demand one of the H.O.P. pitches on a Wednesday; there is still room for their matches and their social timetable, and there is plenty of time to recover before next season.

ROGER BURNS

BRITISH UNIVERSITIES BOXING CHAMPIONSHIPS

Guy's Hospital Boxing Club for the first time that memories can serve entered two boxers in the Universities Boxing Championships. Peter Murdoch who has been a member of the Boxing Club for a long time and recently recovered from an illness, weighed in with three other opponents C. Byrne, J. Mulligan and C. Valentine. However, an hour after the weigh-in Peter Murdoch was announced the British Bantam Weight Champion without throwing a punch. His three opponents all withdrew for various unspecified reasons. The Boxing Clubs other Champion Michael Beeney was matched with Edinburgh's Andy McGrow in the semi-finals. It was a contest that had the crowd on its feet for three solid rounds of excitement. McGrow was floored three times but was still fighting back at the last bell and was awarded the best loser trophy. Michael outpointed J. Howells of Aberystwyth University in the final which was a more skilled and controlled contest. Both our boxers were presented with magnificent trophies and the Universities' organisers hope to welcome Guy's back next season, since an excellent impression was made on the A.B.A. officials and organisers.

The Boxing Club will continue to train during the close season in the Pavy Gymnasium with Boxing Club Captain Terry Reynolds in attendance. Anyone who wishes to train will be made very welcome, boxing is not compulsory, fitness and self-defence is more important. The Club took active part with various success in shows at Cambridge, Chelsea, Croydon and Hounslow. Unfortunately, shows at Sandhurst and Belsize were cancelled for domestic reasons.

C.P.

NOTICES

Six-a-side Soccer Tournament

It is hoped to organise a six-a-side soccer tournament towards the end of May or early June, and the soccer club would be interested to hear from other clubs or persons who would like to enter a team or teams in the competition.

The tournament would probably be organised on a league basis with the top team in each league being involved in a knock-out competition to determine the winner.

Any interested party is most welcome to enter, whether student or staff, and should contact the soccer club via the pigeon hole in the east wing.

M. BRUMMELL, D. ALLISON, M. DREW.

Hockey—Annual General Meeting

The Hockey Club A.G.M. will be at 5.00 p.m. on 19th May in the East Wing, followed by the Dinner at the Cock Inn, Fleet Street. Please contact John Cottingham if interested.

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the appointment of **Research Medical Officer** (Senior Registrar grade) in the Paediatric Research Unit. The post demands experience in clinical paediatrics and involves clinical work with patients referred for *chromosomal studies, genetic investigation* and counselling. Time available for training and research. Application forms are obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1 and should be returned not later than **21st May, 1972.**

THE NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITALS

Applications are invited for the post of **Registrar** (Middle Grade) for one year commencing as soon as possible. The Unit, which is housed in the Maudsley Hospital, serves Guy's, King's College and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made by **18th May, 1972** to the House Governor and Secretary, The Maudsley Hospital, Denmark Hill, London, S.E.5.

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Senior House Officer *(Obstetrics and Gynaecology)* from about the 22nd May. Six months appointment (renewable). Recognised for Diploma/M.R.C.O.G. examination. Previous experience essential. New 476 bed Hospital with excellent facilities. Write with references/testimonials to: The Secretary, as soon as possible.

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Elizabeth (née Wilson) and Derek Lummis, 90 North Lochside, Lerwick, Shetland.

Dr. A. H. Mowbray, "*Kelmscott*", Uppper Clarence Road, St. Leonards-on-Sea, Sussex.

Dr. and Mrs. R. J. Tate, 29 Selsdon Close, Avenue Elmers, Surbiton, Surrey KT6 4TF.

Dr. and Mrs. Maurice Walt, "Four Ways", Low Road, Wyberton, Boston, Lincs.

BIRTHS

BEACHAM—On Wednesday, 12th April, 1972, to Anna and Richard Beacham, a daughter, Claire Louise.

BELL—On 23rd March, 1972 at the Louise Margaret Hospital, Aldershot, to Elizabeth (*née Murray*, S.R.N.) and Captain Duncan Bell, R.A.E.C., a son (Jonathan Duncan), a brother for Rachel Elizabeth.

RICHARDS—On 17th April at Westminster Hospital, to Elaine and Dr. Tony Richards, M.R.C.P., a daughter, Claire Elaine, a sister for Jonathan.

DEATHS

HARRISON—On 17th April, 1972, in Guernsey, Percy Samuel Harrison, L.D.S. aged 87 years. Trained at Guy's Hospital, 1908.

O'DONOGHUE—On 10th March, 1972, Richard John Langford O'Donoghue, D.S.O., M.A., M.R.C.P., of 55 Rotherwick Road, London N.W.11.

PAPERS BY GUY'S MEN

Kenshole, Anne B. *Weight and Diabetes. Canadian and Family Physician*, February, 1972.

Kenshole, Anne B. Oral Contraceptives and Diabetes. *Modern Medicine of Canada*, Vol. 26 No. 12, December, 1971.

GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2188

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Random Thoughts on a May Morning

A funny thing happened to me on my way through the Colonnade. I was suddenly struck by an awareness of the passage of time. Whether or not it was evoked by that strange sense the "smell-memory" of spring ripening, somewhat hesitantly, into another summer, I do not know, but I saw all around me the products of millions of years of evolution (Guy's medical students) and, I must confess, wondered at the purpose of it all. I thought of the myriad changes that must have gone into the genetic blueprint that made me an upright, bipedal primate walking to the Spit instead of a jelly-like protozoan, swimming in search of more dainty victuals. And why? In order to live out my three score and ten years learning to help others of my species to do the same and even prolonging their life-spans?

Unfortunately, the evolutionary process in the case of Homo sapiens does not transmit acquired knowledge, so that every generation has to start at the beginning in the acquisition of knowledge and wisdom. What a loss it is when a mind, having spent at least one-third of its lifetime in gaining a part of the summation of knowledge acquired by those gone before and the next one-third hopefully adding a little to that, then passes into retirement for the last third and lets all this assimilated wisdom wither away. Yet that lifetime leaves the world a little wiser in some way and contributes to the non-genetic evolution of the intellect so that each generation not only possesses new genes but also an ever-increasing store of knowledge from which to learn.

If one were to succumb to the lure of teleology, one might speculate that the purpose of this evolution was to achieve a more

harmonious relationship between ourselves and the environment, or even that we are all progressing towards perfection. As I sat over my cup of coffee, I looked around me and felt the heat, noise and movement of the Spit. Suddenly the answer came to me in a word : entropy.

Our evolution progresses because the energy and order on our planet is running down so that more and more complex problems are posed, inviting more and more complex solutions. As the new problems come thicker and faster and change and multiply, their solutions will become increasingly briefer in their effectiveness until one day a point will be reached when a solution will cease to be effective as its problem arises and the last vestige of order will disappear from the chaos, leaving total randomness.

A. M. Turner

This edition sees the departure of Alan Turner from the Editorial Chair after serving the *Gazette* for nearly 18 months. He was a proficient administrator but will be best remembered for his terse Passims which frequently brought a heavy correspondence to the *Gazette* Office.

Turner now takes his unfailing humour to the Examiners. We wish him every success.

Miss Barbara Orr now assumes full responsibility for running the *Gazette*.

GUY'S DIARY

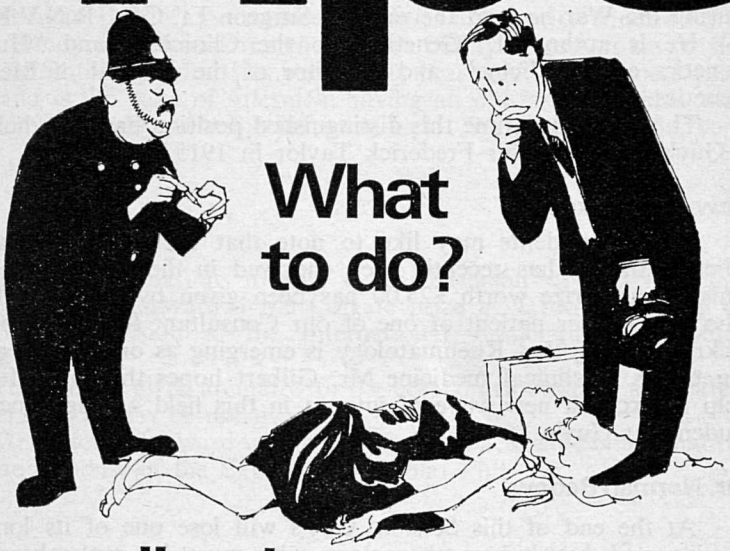
MAY

18	Th.	1.00	Clinical Lecture. Dr. MALLINSON. "Diseases of the Oesophagus."
23	Tu.	1.00	Clinical Lecture. Dr. MANN.
25	Th.	1.00	Clinical Lecture. Dr. MALLINSON. "Malabsorption Syndromes."

JUNE

1	Th.	1.00	Clinical Lecture. Dr. JOINER. (1) Crohn's disease; (2) Diverticulitis.

mps



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NEWS IN BRIEF

Professor C. A. Clarke

Our congratulations are extended to Cyril Astley Clarke, C.B.E., on his appointment on 27th March of this year as President of the Royal College of Physicians (London).

Professor Clarke was at Guy's from 1929 to 1936, qualifying in 1932. He gained Fellowship of the Royal College of Physicians in 1949, and was made a Fellow of the Royal Society in 1970. Awarded the Gold Medal in Therapeutics by the Society of Apothecaries in 1970, he holds the post of Professor of Medicine at Liverpool University, and is Director of the Nuffield Unit of Medical Genetics. During the War he held the rank of Surgeon Lt. Cdr., R.N.V.R.

He is author of "Genetics for the Clinician" and "Human Genetics and Medicine", and is editor of the Journal of Medical Genetics.

This is the first time this distinguished position has been held by a Guy's man since Sir Frederick Taylor in 1915.

New Prize Exam

Clinical students may like to note that the "Gilbert Prize in Rheumatology" has recently been endowed in the Medical School. This annual prize worth £25.00 has been given by Mr. J. Gilbert, who is a former patient of one of our Consultant Rheumatologists. Acknowledging that Rheumatology is emerging as one of the growing points in clinical medicine Mr. Gilbert hopes that his gift will help to excite a new wave of interest in this field amongst medical students at Guy's.

Mr. Norman Bedow

At the end of this Session, Guy's will lose one of its longest-serving and best-known characters, who must be remembered by generations of Guy's men. Mr. Norman Ernest Bedow, due to retire, was born in November 1906 in Woking. In his third year he came to Tufnell Park, Islington, where he still lives. Leaving Ackland Central School at 14, he served two years in industry, then five years at Imperial and University Colleges before joining the Chemistry Department of Guy's as a laboratory assistant on 30th May, 1928. He remembers the construction of the present large Chemistry laboratory and that, in 1929, there were over 100 1st M.B. students, some of whom must still recall the days of C. S. Gibson and his staff. Mr. Bedow joined the Communist Party in 1935 and has never lost his highly vocal faith in this form of government, in spite of vehement arguments put to him at every crisis in which the U.S.S.R. has been involved. In the 1940's he was one of the founders of the Institute of Science Technology, which made him a Fellow, and, with others, in the 50's he began Guy's branches of the Association of Scientific Workers and National Union of Public Employees. His concern for others welfare is central to his generous character.

I first came to know him in 1939, when the preclinical Departments were transferred to Tunbridge Wells. Norman Bedow and Alf Baker jointly took charge of the Chemistry and Biochemistry laboratories, consisting of some four huts and "The Barn", a large, snug wooden shed on stilts in which most of the stores were kept and which acted for a time as a home for some of the technical staff. The two men became firm friends and served the School cheerfully and well in those difficult times. After his return to Guy's, Norman became Head Technician (1959) and was the first in the Medical School to become Chief Technician in 1969. He married in 1948. Recently, he underwent major intestinal surgery under Mr. Beard, who described him as an "ideal patient": brave, uncomplaining and cheerful.

Norman Bedow's outstanding qualities are loyalty, kindness and good humour. I have never known him betray a trust or do or say any unkind thing, and he has been sorely provoked. He is not a quiet man and is the bane of salesmen, having an old-fashioned idea that the School should get value for its money. We shall miss him very much.

G. A. D. Haslewood

Colgate Prize

Our congratulations to Mr. R. C. Paterson of Guy's Dental School, who was awarded the Colgate prize at a recent meeting of the British Division of the International Association of Dental Research.

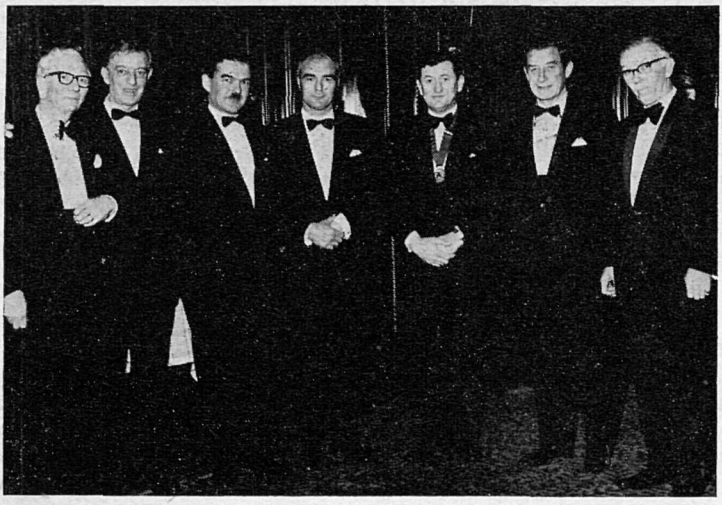
The prize is given annually for the best contribution by a research worker of 35 years or under.

Mr. Paterson's award was for his paper "Bacterial Contamination and the response of the Exposed Rat Molar Pulp".

The Wills Library

LANGUAGE	TRANSLATOR	DEGREE OF FLUENCY	DEPT.	EXT'N	NOTES
ARABIC	Dr. Ayad Allawi	XXX	Community Medicine	543/748	Mother tongue; until 1975
CHINESE	Mr. E. Fan	XXX	c/o East Wing	791	Mother tongue; Cantonese and Mandarin.
DANISH	Mrs. K. Telling	XXX	School of Physiotherapy	406	Mother tongue
FRENCH	Dr. G. P. Tamagnini	XXX	Clinical Chemistry	212	Mother tongue
	Mr. A. P. Wozniak	XX	c/o East Wing	791	
GERMAN	Mr. H. M. Essinger	XXX	Dental School Laboratories	239	Technical esp. Engineering
	Miss H. Pels	XXX	Chemical Pathology	577	Mother tongue
	Mr. J. Richardson	XXX	c/o East Wing	791	—
NORWEGIAN	Mrs. E. Riley	XXX	School of Physiotherapy	406	Mother tongue
POLISH	Miss A. Korszun	XXX	c/o East Wing	791	Mother tongue
	Mr. A. P. Wozniak	XXX	c/o East Wing	791	Mother tongue
PORTUGUESE	Dr. G. P. Tamagnini	XXX	Clinical Chemistry	212	Mother tongue
SPANISH	Dr. G. P. Tamagnini	XXX	Clinical Chemistry	212	—

South Wales and Monmouthshire Guy's Hospital Society



Officers and Official Guests

Left to right : Mr. G. M. Brown, Mr. J. Goodliffe, Professor A. H. R. Rowe, Mr. E. O. James, Mr. D. G. L. Davies, Professor R. D. Emslie, Dr. H. A. Thomas.

The Society met for its 21st Annual Meeting in Cardiff on 25th March, 1972.

The official guests from Guy's together with Committee Members proceeded to the "warming up" preliminaries at luncheon overlooking the sea at Penarth.

A visit to the Wales v. France Rugby match at the National Stadium, Cardiff, preceded the real business of the day—the Dinner at the Park Hotel. Fifty-eight members and four guests witnessed the installation of the President for 1972, Mr. Edward James. He said the Grace and presided for the remainder of the evening.

Following dinner and the loyal toast, the President welcomed our visitors, Professor Emslie, Professor Rowe, and Mr. Jimmy Goodliffe : his warm and sincere words, supported by the applause of members concluded with the Toast to Guy's. This provoked the whole company to express itself chorally on the traditional theme; the Immortality of Guy's patients and their transcendence to the ethereal state.

Professor Emslie responded with a succinct chronicle (flavoured with witty stories) of the changing faces and current events at the Hospital and in a similar light vein Professor Rowe told us of the present building changes and indicated proposals for the future of Guy's. His story was fascinating and copiously illustrated with coloured slides recently taken from vantage points on the new Tower block. Mr. Jimmy Goodliffe gave us a modest resumé of his life since "retirement" which was received with acclamation followed by song.

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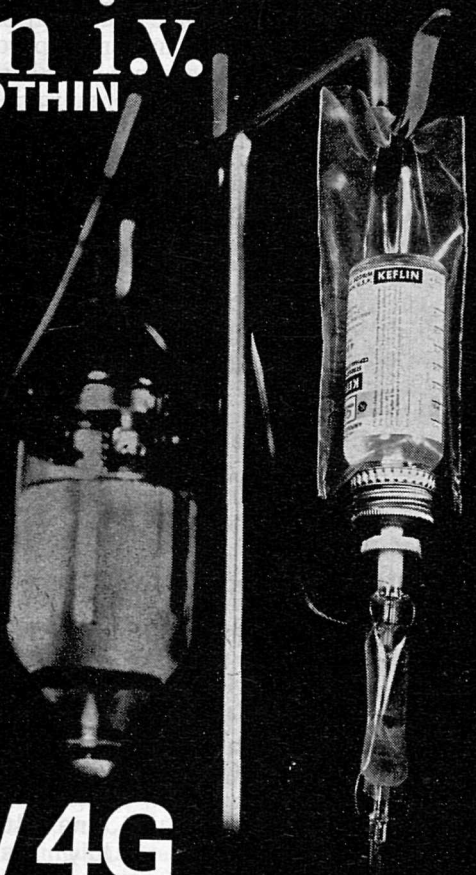

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The Chairman, Mr. Morwent Brown, presented life membership tokens and the Society's usual emblems to Professor Emslie and Professor Rowe. The Honorary Secretary proposed the Committee's recommendation that Dr. George MacVicar should be President for 1973 and this was received with universal approbation. The President concluded with regrets at the absence of hitherto regular faces, a vote of thanks to the Officers for the organisation and appreciation to all members for their continued and loyal support of the Dinner and finally he thanked Mr. David Lewis for taking the photographs. The whole company then retired to the bar for the less formal business to end yet another enjoyable and convivial evening.

H. A. T.

NOTICES

Dates for Dances in the Summer Term, 1972

The following is a list of Dances which have been arranged in the Students' Club in the East Wing, Guy's House, during the Summer Term, 1972:

April	29th	Cricket Club	June	3rd	Athletics Club
May	6th	Swimming Club	June	10th	Music Club
May	13th	Rifle Club	June	17th	Theatre Club
May	20th	Hockey Club	June	24th	Squash Club
			July	1st	Boxing Club

BRITISH DENTAL ASSOCIATION ANNUAL CONFERENCE SWANSEA, 1972

GUY'S ALUMNI LUNCHEON

Arrangements have been made for this function to take place at the Dragon Hotel, Swansea, on Tuesday, 11th July, 1972, at 12.30 p.m. for 1.00 p.m. Cost £1.50 exclusive of wine.

Will all members who wish to attend kindly notify Mr. P. L. Davies, Avenue Villa, Llanelli, Wales, as soon as possible.

Child Health and Paediatrics

by

Professor R. G. MITCHELL

The bulk of health care for infants and children in this country is carried out by family doctors and, since paediatrics forms a large part of general practice, perhaps amounting to as much as one quarter, every family doctor is a practising paediatrician to some extent. In the future it seems likely that general practitioners will increasingly form groups based on health centres and that one or more in each group will have a special interest in paediatrics. He may then be responsible for the overall supervision of the health of children in the practice, for keeping abreast of developments in paediatrics and for maintaining links between the practice and the paediatric hospital and community services. It is improbable that in this country the general practitioner with an interest in paediatrics will ever devote himself entirely to paediatrics or that other general practitioners in the group will cease to practice paediatrics. In other words, the practitioner paediatrician as a doctor exclusively concerned with primary paediatric care, though established in the United States and some other countries, is unlikely to feature in the future British National Health Service. When careers in paediatrics in this country are being considered, therefore, general practice is not normally included, although from what has been said it will be clear that some training in paediatrics is necessary for all general practitioners and, for those with a special interest, postgraduate experience up to registrar level is desirable.

At present, doctors who practise paediatrics exclusively are partly in the hospital service and partly in the local authority health service. While there are doctors in both of these branches who are concerned with adults as well as children, in the hospital service the medical care of children is increasingly in the hands of paediatric specialists who confine their practice to infants and children. This has not been the case in the local authority health services, where medical officers may do child health work for only part of their time or if fully engaged in it for a period, spend other periods during their career in areas such as care of the aged, maternity work and administrative work. The division of paediatrics between preventive work mainly in the local authority health services and curative work mainly in the hospitals has been an unfortunate consequence of the tripartite arrangement of the National Health Service and the failure to develop paediatric specialisation in the local authority health services to the same extent as in the hospital services has been an added disadvantage.

The Future Child Health Service

The discussions and negotiations on the future of the health services in Scotland which are taking place at present, and which are likely to lead to major changes in the pattern of the child health

service in the future, make it difficult to forecast career prospects in paediatrics, beyond saying that they have probably never been so good. It seems very likely that preventive and curative paediatrics will come together in one national child health service which will cover all aspects of child health and disease both in and out of hospital. Similar discussions are starting in England and Wales and, although plans there are not so far advanced, it seems very probable that they will proceed in the same general direction as in Scotland.

One of the principal difficulties in amalgamating the hospital and local authority health services is in joining together two groups of doctors who have pursued different types of career and who have a different career structure. It is generally considered that it will be undesirable to perpetuate a system whereby some doctors treat children's diseases in hospital and others are only concerned with preventive paediatrics outside the hospital. Paediatrics is essentially a preventive discipline and is perhaps the most rewarding field of preventive medicine. Since one of the principal objectives of a child health service must be to ensure that children reach adult life in the best mental, physical and emotional health that can be achieved, the practice of good paediatrics prevents or minimises many of the disorders which afflict the adult. The needs of infants and children are constantly changing but it seems very likely that in the next few decades serious acute diseases of childhood will become less common and more easily cured and the resources of a child health service will be concentrated increasingly on the promotion of optimal health and on the care of the minority of children who are handicapped for one reason or another. In this current situation of change and uncertainty, therefore, from which is likely to emerge a child health service radically different from the present arrangements, one can only speculate about the kind of career structure for those graduating in the seventies.

The Work of a Child Health Service

The national trend is for children's hospital services to be concentrated in fairly large units, with a major children's hospital centre in each region. Since specialisation is proceeding apace in paediatrics, as it is in adult medicine, surgery and other disciplines, there will be an increasing demand for paediatric specialists such as paediatric cardiologists, paediatric neurologists, and so on. Such specialists will work mainly in the large hospital centres, in close collaboration with the corresponding specialists in adult medicine. In addition to this relatively small number of paediatric specialists, there will be a large number of general paediatricians who will undertake general paediatric care in hospital and will supervise the health of infants and children throughout the whole community, working closely with family doctors and others concerned with child care. They will thus combine the functions of the present hospital general paediatrician with those of the child health clinic and school health officer. The number of consultants required for general paediatrics in a new child health service is likely to be substantially greater than the present number of consultant paediatricians in the hospital service and therefore one must visualise

a considerable expansion in the number of consultant posts in paediatrics during the next decade. It must not be imagined that the work of such consultants outside the hospital will necessarily be of a routine nature or lacking in clinical interest. The days of a school medical service primarily concerned with routine inspection and the ascertainment of minor physical abnormalities have gone and medical work in schools in the future will mainly be concerned with health aspects of educational problems, working in close liaison with teachers, educational psychologists and others. There will also be consultant work concerned with the assessment of children for the children's panels and social work departments, and consultant general paediatricians will participate in teams drawn from various disciplines which are assessing and planning the management programmes of handicapped children. In addition to such consultant duties, however, there will be a considerable load of work in the future child health service, especially in such fields as developmental diagnosis, the routine examination of newborn infants, and so on, which can be effectively done by doctors without the full range of knowledge and experience required of consultant paediatricians. While some of this work is and will continue to be done by paediatricians in training, there is much more than is required for training purposes. One of the important questions to be answered is whether it should be carried out by part-time general practitioners with a special interest or whether there should be a career grade within the child health service for doctors doing this work, which would not carry consultant status and yet which would give a reasonable salary and security of tenure. It seems rather doubtful whether this kind of work is appropriate as a part-time activity for busy family doctors, who will in any case often be doing developmental testing, etc. for their own practices, whereas it might be very suitable for married women doctors wishing to continue in medical practice as a part-time occupation. Hitherto the profession has set its face against a career grade in the hospital service at less than full consultant status, but in the changed circumstances of a child health service embracing the former local authority health services as well as the hospital and general practitioner services, such a career grade may be desirable and indeed essential.

Future Patterns of Training

If a child health service were to be established along the lines suggested, which has of course not yet been decided and is by no means certain, then a suitable pattern of training for doctors entering the service would have to be evolved. Since general paediatrics would necessarily be the basis of such training, it would differ little in the initial stages from that for hospital paediatrics at present, although more emphasis would be laid on child care outside the hospital. After the usual house posts, including a period as house physician in a paediatric unit, and possibly a short period as senior house officer in adult medicine, the graduate interested in paediatrics would obtain a post as senior house officer or registrar in paediatrics for two or more years. During that time he would probably take the Diploma in Child Health. He would then have to decide whether he wished to go into

general practice with a special interest in paediatrics, in which case he would require some additional training for general practice, or whether he wished to continue in the child health service. In the latter case the need for a senior qualification would arise and here again there is considerable doubt about future requirements. At present the M.R.C.P. is necessary for the hospital paediatrician but not for the doctor practising preventive paediatrics in the local authority health department. If the M.R.C.P. continues to be the essential senior qualification for a paediatrician, it ought to be made possible to pass the examination with the knowledge relevant to a future career as a general paediatrician. A large experience of adult medicine is not appropriate training for such work and should not be expected of the paediatric candidate. Paediatricians are therefore watching the current negotiations between the Royal Colleges of Physicians about the future of the M.R.C.P. examination with great interest and some anxiety.

The aspiring paediatrician in the future child health service, having taken the D.C.H. and the appropriate senior qualification, would then obtain a post as a senior registrar or the equivalent. During his tenure of this office, which would normally last for about four years, his training would be slanted either towards general paediatrics, in which case it would include both hospital and community paediatrics, or towards a paediatric specialty, with an increasing component of the specialty of his choice. Which of these two paths he chose would largely depend on the individual's interest and aptitude, but would undoubtedly be influenced by the knowledge that there will be large numbers of general paediatricians in the child health service, whereas openings for paediatric specialists will be comparatively limited. During the senior registrar years, the paediatrician-in-training who is interested in research will be encouraged to spend part of his time in investigative work and in a few cases this may lead to a career in academic paediatrics.

For those paediatric registrars not aspiring to consultant status, or unable to obtain a senior qualification, there would be the options of going into general practice with a special interest in paediatrics or of entering the new career grade in the child health service, if such should be established. The latter course should not close the door to subsequent success in the senior examination and ultimate consultant status but should provide a satisfying permanent career for doctors wishing to work with children but preferring not to assume full consultant responsibilities. It is arguable of course how many doctors would fall into that category but the numbers might be quite substantial, assuming that the career grade provided interesting work at reasonable remuneration, and that it did not acquire the stigma which unfortunately became attached to previous grades in the hospital service such as S.H.M.O. and Medical Assistant.

The Immediate Future

Whatever the new pattern of the child health service, the next few years will undoubtedly see the absorption of existing medical staffs of the local authority health services and the hospital services into the new combined service. The difficulties of this amalgamation

must not be minimised, since divergent views are held about requirements for consultant status, the need for senior qualifications, salary differentials and so on. If these weighty problems can be satisfactorily solved, and there seems no reason to suppose that they cannot, the future child health service shou'd offer scope for a variety of different kinds of career in paediatrics. It is to be hoped that during the transition period considerable flexibility will be allowed so that existing staff can adjust to the new service harmoniously and dissatisfaction and hardship can be avoided. Some re-training will undoubtedly be required both for the hospital paediatrician, who needs to know more about the practice of paediatrics outside the hospital, and for the local authority medical officer anxious to enter the new child health service, who will need training and experience in hospital paediatric practice. These urgently needed re-training programmes will undoubtedly throw a great strain on a paediatric service already heavily involved with undergraduate and postgraduate teaching, but they are essential if the new child health service is to be a success. At the same time thought must be given to those at present in training who will one day join the permanent staff of the child health service. A start has already been made in Aberdeen by introducing a period of service in the Departments of Health of the City and County of Aberdeen as part of the senior registrar training programme in paediatrics. Once the staffing structure of the child health service has been determined and agreement reached on the appropriate training and senior qualification, the whole pattern of postgraduate education in paediatrics will have to be re-shaped to accord with future needs. Because the form of the new child health service is not yet clear, it is impossible to say exactly what opportunities it will offer but the British Paediatric Association has tried to assess the need for consultant paediatricians in the next ten years and has concluded that the number will have to be approximately doubled to bring the total in the United Kingdom from the present 360 to over 600. To this end the Association has recommended a substantial increase in senior registrar posts in paediatrics to provide for the additional consultants required. Paediatrics is thus one of the most rapidly expanding disciplines in medicine: there is a great deal to be done and many more people will be needed to do it effectively. The medical care of infants and children, whether it be undertaken as a general or specialist consultant paediatrician, as a doctor of intermediate grade or as a general practitioner who has acquired extra postgraduate training, all of them doctors in a new child health service can be an exciting challenge, especially to the man or woman who is prepared to work, who is interested in service rather than in self and who enjoys the exercise of intellect. Paediatrics in Britain thus offers excellent opportunities to suitably qualified young graduates of ability and those who are attracted by the prospect of working with infants and children can look forward to a satisfying career.

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OBITUARY

Dr. A. A. Osman, D.S.C., F.R.C.P.

Dr. A. A. Osman, the distinguished nephrologist, died at his home in Crowborough, Sussex, on April 26th at the age of 78.

He entered Guy's in 1911 from Whitgift School at the early age of 18 but joined the R.N. as a student, being awarded the D.S.C. for services in Destroyers of the Grand Fleet of Flotillas between July and November, 1918. He returned to Guy's and qualified in 1919, becoming House Physician to Dr. (later Sir) Arthur F. Hurst. His profound interest in Bright's Disease grew from his years as a Specialist in Children's Diseases. In 1924 he was appointed General Physician to the Queen Mary Hospital, Stratford, and in the same year obtained his M.R.C.P. In 1931 he was appointed Clinical Research Fellow in charge of the Nephritis Clinic at Guy's and two years later was elected F.R.C.P.

Truly he was a "prophet not without honour" beyond the confines of his alma mater. He contribution to the literature of kidney disease was considerable, particularly in the field of renal complications in the Toxaemia of Pregnancy. He was much concerned that little had been added to Bright's brilliant clinical descriptions of the disease which bears his name and which Osman edited again in "Original Papers of Richard Bright on Renal Disease" (O.U.P., 1937) which can be found in the Wills' Library. Osman's own outstanding contributions to this classical Guy's disease were widely recognised. He was immersed in clinical practice up to the outbreak of the Second War when he went with Guy's to Pembury where he worked until his retirement. It was here in the Renal Unit, the only one of its kind in the country, that he was happiest and where he had the opportunity of developing further valuable concepts of renal disease.

G. J. S. writes: It was my good fortune over the years that I had many opportunities to discuss numerous problems connected with nephropathy of pregnancy, and found that he had considerable success in the treatment of allied conditions in gravid women, many of whom we helped to carry through to successful termination.

I have, personally, evidence equally of his very considerable therapeutic success with his treatment of patients suffering from nephritis with oedema by massive doses of alkalis, which, although an unorthodox method of treatment, received recognition in universities in various parts of the country. From this close successful collaboration we formed the idea that medicine would greatly benefit by the formation of an association through which renal problems could be thoroughly discussed, and advances in renal medicine thereby encouraged. The Renal Association, through the generosity of the C.I.B.A. Foundation, thus came into being in 1947, with Osman as its first

President, an office which he held for 10 years. From this parent organisation numerous like associations were established both on the Continent and in the U.S.A. It was only since its inception that important international nephrology conferences were held. There is little doubt that as a result of his efforts there are many famous clinicians who can trace their inspiration and advancement to this source.

Osman was an outstanding man. His sense of humour was a delight to his friends. In my prolonged contacts some features of his character impressed me : his unfailing kindness, his generosity to colleagues, his undoubted modesty and withal a noble bearing, which was reflected in the tone of his voice. His professional life was devoted to the study of the various forms of Bright's Disease and his aim was to establish the subject as a major speciality in its own right. This goal was achieved. His reputation and influence will be lasting and he will always be remembered as a brilliant doctor and a true friend to all around him.

In his retirement he spent much of his time gardening and listening to music. He is survived by his wife, one son and an adopted daughter.

R. S. V.

Appendicitis in the "Good Old Days"

by H. CYRIL DIXON

It was in the second week of December 1901, when I was 12 years old, that I had severe pain low down on the right side of my abdomen. Our family doctor[1] was sent for and prescribed hot salt bags applied to the painful area. He instructed my mother to make several flannel bags measuring 9 x 6 inches, fill them with cooking salt and heat them in the oven. The bags were to be applied as hot as I could bear and renewed at intervals, day and night.

This treatment was continued for 10 days, by which time the pain had become more acute and a swelling had appeared in my right groin. On Saturday the doctor visited me twice and appeared to be really worried. On Sunday he arrived soon after 9 o'clock in the morning, accompanied by his partner[2]. After examining me thoroughly they went into an adjoining room and told my parents that I would have to be operated on as soon as possible. An abscess had formed and if it burst peritonitis might set in and be fatal. It would be dangerous to transfer me to hospital and the operation would have to be done at home. The doctor wrote a letter to Mr. Fagge[3], a surgeon at Guy's Hospital, and told my father to take it to the hospital with all speed and bring Mr. Fagge back.

We lived about eight miles from Guy's; there were few or no telephones 71 years ago. Hackney cabs were scarce; there was no car hire service and very few privately owned cars. Public transport was horse-drawn and consisted of trams and a few buses. There was, of course, the railway but on Sundays the service was very restricted. To add to the difficulty there was a thick fog and no cabby could be persuaded to make the journey. My parents were at their wit's end when they remembered that Mr. Smith, the local chimney sweep, hired out a bath chair drawn by a small pony. The chair was just large enough to seat one person and the driver. Despite the fog, which had turned into a real pea-souper, Mr. Smith readily agreed to my father's request for help and they were soon on their way to the hospital. On arrival father was told that Mr. Fagge was operating but that he would come as soon as possible. At the end of an hour he appeared, carrying his bag of instruments, ready for the journey. He and my father squeezed themselves into the bath chair and the sweep stood in front of them to drive. The journey was slow; at one point the fog was so dense that the pony had to be led, and they did not arrive home until 2 o'clock in the afternoon.

Meanwhile our doctor had arranged for his partner to give the chloroform and he had engaged two nurses from a local nursing home, one for day and one for night duty. It is interesting to note that as long ago as 1901 one of the nurses was an Indian—a Parsee from Bombay.

At the time I knew nothing about the surgeon or the nurses, who

were in another room preparing for the operation—not an easy task as there was no hot water system in the house and the water had to be heated on the kitchen stove and carried up to the second floor.

I was in great pain and hardly aware of the doctors coming to my bedside, although I vaguely remember one of them putting a mask over my face and that was the last thing I knew for several hours. I learned later that after the operation the partner took Mr. Fagge back to Guy's in his horse-drawn brougham, while our own doctor stayed at my side.

On regaining consciousness I was violently sick; the pain was severe and was intensified when I was made to lie on my right side so that the abscess could drain through the tube which had been inserted in the wound.

Throughout the whole episode I was given nothing to ease the pain, other than the salt bags prior to the operation.

The doctor visited me twice a day and it was a week or more before he was able to tell my parents that the danger of peritonitis had passed and that the night nurse was no longer needed. The day nurse remained until the wound no longer needed to be dressed.

Our house was near the main road and for the first week after the operation straw was laid on the roadway for about 100 yards in front of the house, to deaden the sound of horse-drawn traffic on a poorly made flint road and of the horse-drawn trams along the granite track.

By the second week of January I had sufficiently recovered to be sent to stay with my aunt in Sussex to convalesce. Before I left home the doctor impressed on me that for at least two years I was not to eat nuts or anything containing pips or seeds, and I was to be careful not to swallow fruit stones—instructions which as a young boy I found hard to follow! It was when giving this advice in front of my parents that the doctor used the word "appendix" for the first time. He explained that the abscess had been drained but that the appendix had not been removed as this would have increased the risk of peritonitis. The appendix had been exposed during the operation and as it served no known useful purpose it was unlikely to cause further trouble. However, as a precaution, he would like to see me at regular intervals during the next year or two in order to examine my abdomen.

For two months after the operation I was made to wear a cloth belt four inches wide with a chamois leather pad on the inner side to protect the scar?

I recall my father saying that the cost of my illness was over £150, of which 100 guineas was the surgeon's fee—quite a lot of money in 1901!

I am now 82 years of age and the four-inch scar is a reminder of what took place on that Sunday in December, 71 years ago.

I still have my appendix.

References:

[1]Dr G. B. Batten, of Underhill Road, Lordship Lane, London, S.E.

[2]Dr. H. M. Stewart, of Thurlow Park Road, West Dulwich.

[3]Charles H. Fagge, M.R.C.S., L.R.C.P., Lond. M.B. 1896, B.S.Lond. 1897, M.S. 1898, F.R.C.S. Eng. 1898.

NURSING SECTION

Food for Patients

It has recently been made known that the Minister of Health has asked for an inquiry into the quality of food provided for patients in hospitals. Having apparently had bitter experience of this, it is doubtless a subject close to his heart—or stomach!

Regardless of this, however, many nurses have for a long time been ashamedly aware of the standards of hospital food. Those who are fortunate enough never to have experienced serving an unappetising and atrociously prepared meal to a patient cannot appreciate the embarrassment of the task.

There is, however, one point arising from this. That is the general decline in interest by nurses towards the meals of patients. This is due to a number of factors, not least among which are the present training methods and staff shortages. One very ill patient will take precedence over the meals of the other 24 in a ward, and there is a somewhat unfortunate tendency for these people to have their cardiac arrests at meal times.

With regard to nurse training though, it is usually sadly lacking in the field of nutrition. The average student nurse does not know even the meaning of the word "calorie" and is totally bewildered if asked to construct a diet.

Gone are the days of invalid cookery classes and preparation of trays in the preliminary training school. These classes were viewed with much mirth by those nurses who were subjected to them, but surprisingly some of the knowledge thereby obtained was actually retained.

Thus, if nurses are not being trained to take an interest in the food served, they will not do so later. Increasingly nowadays the ward sisters do not serve meals themselves. If they did, and complained to the Catering Departments when food was poor, changes would eventually be made. How many nurses are aware of the patients' meals? How many know whether there was sufficient protein? How many notice whether the meal is eaten and make alternative arrangements for a patient who does not eat a meal?

Nowadays, to see any of these things happening is rare. This is therefore another area where standards have declined. Moreover, if a patient does not obtain adequate nutrition, his recovery will be delayed.

The preparation and presentation of food to sick people is vitally important, and Sir Keith Joseph will be rendering a great service if, by his actions, improvements occur. More important than this though, is the necessity for nurses to halt the decline of standards in this field. It is they, after all, who are ultimately responsible for feeding their patients. The medical staff are not concerned in this apart from ordering diets. Dietary treatment of disease has increased greatly, and all a nurse has to do is to pick up a telephone and ask for the dietician to see the patient and make arrangements. Rarely

does that nurse give any more thought than that the meals will henceforth appear magically at the correct times, ready to serve. Despite this, the meal is still the ultimate responsibility of the nurse, and even dietetic cooks make mistakes.

It would seem there is need, not only to investigate hospital food, but also to reconsider the tuition given to nurses when in training.

CORRESPONDENCE

Car Parks

SIR,—We would like to bring to the attention of your readers the perennial problem of student car parking at Guy's. The stage has now been reached where the back streets of Guy's have become saturated, with the result that the police are towing away student (and other) cars in ever increasing numbers.

In the face of all this, a large area of ground beside New Guy's house, suitable for the accommodation of at least 70 cars lies vacant. We understand that this land is designated for the proposed auditorium, and, as such, is under the legal auspices of the contractors. However, since building is not due to start on this site for at least several months, surely an agreement could be reached between the hospital and the contractors to allow parking in the interim period. Should this land become available for hospital staff only, this would considerably ease the congestion in the area.

The Medical School tell us that there are no plans in the near or distant future for the provision of car parking facilities for students. We would like to make the point that a large number of students have cars, and more will do so in the future, especially when the student hostel is built. Surely plans need to be laid now to alleviate this pressing problem?

Yours etc.,

TIM COX,
RICHARD JONES.

East Wing,
Guy's Hospital, S.E.1.

The Underdeveloped Sex

SIR,—Miss Moynahan in her letter (6th May) filled me with despair. What was that strange feeling, alien to her cause—strong philosophical self-doubt? And so reactionary are her ideas that this Guy's male pig for one would be distinctly embarrassed to share them. If this is the best the womens' libbers can do the dark ages are going to last a considerable time.

Really, Miss M.; still hankering after the complementary rôle of wife, little children and washing machines, even the love of male chauvinist pigs? Only realise that you are about to embark on an era in which woman's "natural biological rôle" will be fulfilled for the first time in recorded history, and your bra will undergo spontaneous ignition, cheroot or no.

Yours sincerely,

A. J. NEIL RENSHAW

East Wing,
Guy's Hospital, S.E.1.

SIR,—Following your two recent "liberationist" editorials and the subsequent, more strongly worded letter (with comprehensive bibliography) I feel obliged to present a man's point of view on the subject:

If you've a yearning to be liberated,
Because genetically you're not the same as us
And you find that this makes you so frustrated
That you always feel the need to make a fuss;
If your ambition's to be a consultant
Or Professor in an academic life.
But the men in charge won't let you have what you want
—To integrate or wield the surgeon's knife;
If you think that you're undeveloped somehow
(Though I really can't agree to say the least.)
That men won't let you use your skill and knowhow
And they treat you as a rather lesser beast;
If you should feel men think you cold or haughty
And you find that it rather hurts your pride,
That when you go out in your car so sporty,
It's girls, not boys, who queue up for a ride;
If you forget that by your ways so subtle,
Exerting charms and pressures feminine,
Men still like to think you're something special
And, when reason tells them not to, still give in;
Then burn the bras that men still hold so dear.
Give up the joys of being feminine.
Start paying for yourself and buying beer
For the men who used to buy you all that gin.
Go gird your loins and stride forth into battle.
Hitch up your skirts; get ready with your nib.
And please write something more than girlish prattle,
For it's the men who stand to gain from Women's Lib!

Yours faithfully,

W. RICHARD CHEGWIDDEN

Biochemistry and Chemistry Department,
Guy's Hospital Medical School,
London, S.E.1.

Guy's Hospital Reports

SIR,—In your present issue (6th May, 1972 p.258), you print a letter from the Editor of Guy's Hospital Reports, Dr. D. C. Deuchar, drawing attention to the facilities available to Guy's men and women for publication in this Journal. A matter which is of considerable interest to those considering doing so is the availability of the Reports to readers. In this connection the following information may be helpful.

First , the contents of the Reports are listed in Index Medicus and free copies are supplied to Biological Abstracts, Chemical Abstracts, and Centro Bibliographico Medico, Rome.

Then there are some forty copies exchanged for journals received in the Wills Library, some published in this country and some abroad; if these are added to those purchased by libraries the total (for libraries) now comes to 270 (compared with 154 and 227 in 1962).

The distribution of the library copies is also worth noting. The greatest number is U.S.A. 133, followed by the United Kingdom 44. India 20, Canada 19, and Australia 14 also achieve double figures. Countries in which more than one copy is received are Argentina, Belgium, Brazil, China, Denmark, France, Germany, Holland, Iran, Israel, Japan, Kenya, New Zealand, Philippines, Spain, South Africa, Thailand and single copies in Bulgaria, Chile, Finland, German

Democratic Republic, Hungary, Iraq, Italy, Jamaica, Malaya, Norway, Peru, Poland, Puerto Rico, Rhodesia, Romania, Singapore, and Sweden.

It is, of course, quite impossible to make any estimates of readership which on account of inter-library loan systems and the recent considerable growth of photocopying, make one copy of the journal in a central library or information service of a small country all that is necessary.

Dr. Deuchar mentions the special rate of subscription for Guy's men and it is to be hoped that more use will be made of this for just as the library subscribers have increased between 1954 and the present the numbers of Guy's subscribers has declined from 238 to 155 in the same period. This is unfortunate but serves to indicate to those who might submit articles to the Editor that they are not writing for a domestic journal but for a periodical with a very wide distribution.

Yours faithfully,

G. E. H. FOXON,
Hon. Treasurer

Biology Department,
Guy's Hospital Medical School, S.E.1.

Sports Correspondence

SIR,—I can hardly allow Bob Fell's remarks about team selection for the Hospitals Cup hockey final to go unnoticed and ignored.

This is not the forum to discuss whether the team in question was, or was not, the strongest available. The "retrospectoscope", of course, makes selection comments easy!

I would, however, like to comment on the attitude expressed when he says that "the Cup is there to be won at all costs". Obviously everyone in the club regards the Hospitals Cup as the ultimate prize and there is no doubt that enthusiasm is best generated by success. On the other hand, the players themselves regard the cup matches as something special and a place in the cup team is something to aim at. The club does not exist solely to win the Hospitals Cup but also to promote the enjoyment of playing hockey and I think that the services and loyalty shown by some members of the club should be rewarded.

This does not mean to say that I do not try to select the strongest team but rather that, in the event of a difficult choice where skill and fitness are similar, service and loyalty should tip the balance. Furthermore it should be remembered that service and loyalty imply regular appearances for the team and that it is very questionable whether it is advantageous to disrupt a team in order to introduce players of superior skill for isolated matches.

Yours faithfully,

PAUL CALVERT
(*Captain, Hockey*)

East Wing,
Guy's Hospital.

SPORT

TENNIS AT GUY'S—SUMMER 1972

The tennis season is again under way, with the first league match played on 3rd May. This was against St. Bartholomew's Hospital in the 1st league. The result was a 3 matches to 6 defeat, with both sides fielding a below best team. The result could have gone either way, but a possible win by Paul Rydning turned into a defeat when he had to retire injured. Rex Yetton and Richard Knight both had narrow defeats in the third pair singles. The secretary, David Macpherson, held the side together by winning both his doubles and singles matches.

The Team: J. A. Colman, N. Bullock, P. Rydning, D. Macpherson, R. Yetton, R. Knight.

The usual apathy has set in this season, with players playing only when it suits them and not finding it an honour to be asked. Any tennis players reading this article who feels left out, should contact J. A. Colman (via East Wing). We hope also to be playing mixed tennis (social variety) on Tuesday evenings and any keen women players should contact Jayne Counsel at the School of Physiotherapy, who is organising a Ladies' team.

ARNE COLMAN,
Men's Captain.

GOLF

THE LONDON UNIVERSITY GOLF CHAMPIONSHIPS AND HOSPITALS' CUP, 1972

Hendon Golf Club, Wednesday, 3rd May.

The London University Championships which this year incorporated the Hospitals Cup was played in glorious weather at Hendon Golf Club on Wednesday, 3rd May. The golf produced by the Guy's golfers more than matched the weather with Guy's retaining the Hospitals Cup and University Championship for the fourth successive year.

Owing to the poor state of the greens, scoring was generally higher than usual. However, our number one player, Richard Ibbetson found no such trouble in firing a magnificent level par 71, to lead the field at lunchtime. Richard went on to shoot a 78 in the afternoon to win the individual competition by seven strokes, a very fine performance.

Our captain, Paul Powell-Jackson suffered from a vicious attack of the "hooks" and returned an 85 in the morning. Revived by his lunch, Paul set about the course with renewed venom, commencing the afternoon round with a birdie 3. After overcoming some trouble with the bunkers at the next two holes, he settled down to play some superb golf and with the aid of more birdies, finished in 77, winning the prize for the best afternoon round.

Edward Bray never quite found his true form and had to fight hard for a morning 83. But inspired by his captain's play he managed to strike the ball better in the afternoon, and despite numerous three putts, carded an almost respectable 80.

Christopher Mackenzie supported the team well with an afternoon round of 81, after finding the greens rather tricky in his morning 85.

Whilst the first team held off Bart's to win the Cup by six shots, the second team, composed of Charles Crawshaw, Larry Culliford, Chris Grant and Joe Oram seemed to enjoy themselves and played some good golf.

Team Scores: R. Ibbetson, 71, 78—149; P. Powell-Jackson, 85, 77—162; E. Bray, 83, 80—163; C. Mackenzie, 85, 81—166.

EDWARD BRAY

THE INTER-HOSPITALS' PILGRIMS' WAY STROLL

Once again a large number of Guy's students (and this includes Medico-Dental, Physiotherapy and Nursing students), participated in the annual Inter-Hospital Pilgrims' Way Stroll, or Guinness Walk as it is more affectionately termed. Pilgrims' Way only in name this year, as a new course had been devised by the main sponsors, Guinness (in conjunction with the Medical Sickness Society), which only went some fourteen or fifteen miles along the course of the previous three years, before turning off along a circular route. The new section of the course included two well-known Surrey beauty-spots in Leith Hill (at 956ft., the highest point in South-East England) and Farleigh Heath. The course ended this year at Newlands Corner.

Unfortunately the weather on the day proved abominable with high winds and driving rain, but nevertheless over 1,300 students arrived at the start. (c. 150 from Guy's), and over 850 of those battled their way around the course to the finish, a distance of 32 miles. The elements made a mockery of the efforts that Guinness and Medical Sickness had put into organising the occasion. The views were ruined due to the low visibility and as the route had been carefully designed to follow footpaths instead of roads, the conditions underfoot deteriorated more and more throughout the day, until the Stroll became a procession of bitterly cold, soaking wet and very footsore students battling the respective ways through a sea of muddy puddles.

If the hierarchy of this hospital (who appear to have so little respect for their students), and anti-student factions throughout the country coud have witnessed the sight of 1,300 students turning up at 8.30 a.m. on a Saturday morning, in such bad conditions, in such a remote spot, in order to walk such a distance for charity, perhaps their impressions of us might be elevated slightly.

Certain individual performances stood out amongst the Guy's Strollers. Barry Jones and Les Ross, those lonely stalwarts from the Cross Country Club, elected to run the course and by finishing 11th and 20th respectively (Barry was in fact 8th on corrected time), showed that even if Guy's Cross Country Club lacks numbers, it does not lack spirit. Peter Murdoch was the first Guy's walker home, finishing in 25th position, another excellent performance, while Miss J. Godsell was the 2nd woman home overall, showing stamina far in excess of the majority of male strollers.

The overall team prize was won (again ! !) by the Charing Cross Hospital, who also carried off the Male team prize, Royal Vets winning the women's category. Guy's were up a place overall this year, which for a hospital of this size, in an event which is decided by the number of finishers per total number of students in the hospital (and therefore always favours the smaller hospitals where a closer knit society develops), was a good performance.

Mention must be made here of the Marshals (particularly those from Guy's, who had to man the wettest and windiest part of the course, Leith Hill), all volunteers from the hospitals, who did sterling work throughout the day; tending to sore feet, plying strollers with refreshment, encouraging them on their way and ferrying them, by car, to the finish when exhaustion had set in. Furthermore all the marshals had to give up time to go round the course previously to work it out and without them the walk could not have taken place.

It only remains for me to thank Arthur Guinness and Company for bringing this walk into existence, the Medical Sickness Society for all their voluntary support work, the London Hospital for their liaison work between Guinness and the other Hospitals, Bob Miller and his band of organisers from Guy's and last, but certainly not least, all those strollers who made the effort to come and take part.

NICHOLAS MATTHEWS

THE MOUNTAINEERING CLUB

5th—7th May

Seven p.m. on Thursday saw the departure from Guy's of nine members of the Club. After an arduous journey we arrived at the U.L.U. Hut in Derbyshire.

The Friday was taken up with climbing at Stanage edge which provided excellent practice for those who had climbed before and valuable experience for the beginners of the group, as was the evening in "The Little John".

By the Saturday our number had swollen to 12 and after some very enjoyable climbing at Berdien edge, we again demonstrated the art of "Fiz-Buz" to the locals at "The Little John".

The Sunday saw the group split, one half going back to Stanage Edge, and the others trying their hand at Gardom's Edge, before our trek homeward.

The journey was made possible thanks to Bill Simpson who made available the use of his truck (or part of it anyway). Thanks must also go to the females whose cooking was indeed a pleasant change from the spit.

It would be nice to see a greater interest in the walking section of the club as at present the emphasis is mainly towards climbing.

R. Burns, B. McLeod, N. Adam, B. Simpson, R. Perrett, C. Gilchrist, C. Fulford, C. Crawshaw, T. Day, L. Finlay, J. McNulty, D. Scott.

CHARLES CRAWSHAW

NOTICE

BRITISH MEDICAL STUDENTS' ASSOCIATION
TROPICAL MEDICINE CONFERENCE, 1972

This bi-annual conference presents a unique opportunity for British Medical Students to receive an introduction to the subject of tropical medicine, which is so scantily touched on in our schools.

The conference will take place from **10th-14th July** at the London School of Hygiene and Tropical Medicine. Several World authorities on Tropical Medicine will be speaking. These include:

Prof. L. J. Bruce-Chwatt, Dr. C. E. Gordon-Smith, Dr. P. E. C. Manson-Barr, Dr. A. G. Shaper and Prof. A. W. Woodruff.

Accommodation for those who need it will be at College Hall, Malet Street, London, W.C.1, and a full social programme is being organised. The Conference is being heavily subsidised. Clinical and pre-clinical students from all over the world have been invited to attend.

Full details from your B.M.S.A. Representative or T. M. C. Convenor, B.M.S.A., B.M.A House, Tavistock Square, London, WC1H 9LP

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill a newly established appointment of **Senior Registrar** in Rheumatology under the exchange scheme between Guy's Hospital, and the South-East Metropolitan Regional Hospital Board with duties to commence as soon as possible until 30th April 1976. The appointment will commence at Guy's, and the period in the Region will be spent in the Brighton and Lewes Group. Duties will include the care of inpatients and outpatients, and teaching at both undergraduate and postgraduate levels. The successful applicant will have the opportunity to take part in a research programme, and laboratory facilities are available. One year may be spent in the Connective Tissue Diseases Division of the Johns Hopkins Hospital, Baltimore, U.S.A. The appointment will be made jointly by the bodies concerned. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **2nd June, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Locum Senior Surgical Registrar** with duties at the Greenwich District Hospital for the period 11th June to 30th September, 1972. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **31st May, 1972.**

HOUSE APPOINTMENTS

GUY'S HOSPITAL

1st June, 1972

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Grahame — Mr. P. J. Marriott 3 *months*; Mrs. L. Light 6 *months*

Dr. Hardwick, Professor Trounce — Mr. J. C. B. Shutes 3 *months*

Dr. Cameron, Dr. Ogg — Mr. N. D. S. Bax 6 *months*

Dr Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble — Miss L. L. Judd 3 *months*; Mr. I. D. Starke 6 *months*

Prof. Lessof, Dr. Joiner, Dr. Burry, and Dr. Sowton. — Mr. D. N. Bateman 3 *months*; Mrs. V. J. Wass 6 *months*; Miss R. J. Thorburn 6 *months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis — Mr. M. A. Lavelle 3 *months*; Mr. D. F. Stubbs 3 *months*

Mr. Lawrie, Mr. Beard and Dr. Wayte — Mr. I. D. Harrison 3 *months*; Mr. P. C. Gartell 6 *months*

Mr. Glover, Mr. O'Flynn and Mr. McArthur — Mr. H. J. Klass 3 *months*; Mr. C. J. Thomas 6 *months*

Professor McColl, Mr. Rendall and Mr. Bewick — Miss A. M. Garnons Williams 3 *months*; Mr. R. J. Hay 6 *months*

House Surgeon to the Breast and Plastic Surgery Units
Mr. C. J. Rudge
3 *months*

Gynaecological House Surgeons
Mr. A. M. Light
3 *months*
Mr. R. W. M. Wright
6 *months*

Throat and Ear House Surgeons
Mrs. D. Neville
3 *months*
Mr. N. J. Marks
6 *months*

Orthopaedic House Surgeons
(Including duties at New Cross Hospital)
Mr. A. J. G. Batch
3 *months*
Mr. C. J. F. Manning
3 *months*
Mr. G. Dunbar
3 *months*

S.H.O. to the Renal and Transp'ant Units
Mr. A. J. Rees
3 *months*
Mr. M. E. Pidcock
6 *months*

Genito-Urinary House Surgeons
Mr. A. I. Attwood
3 *months*
Mr. N. K. Barber
6 *months*

Children's House Physicians
Mrs. A. de Carteret
3 *months*
Mr. R. S. Trompeter
6 *months*

Casualty Officers
Mr. B. R. Kenning
3 *months*
Mr. C. G. Rowland
3 *months*
Mr. J. D. Spencer
3 *months*
Mr. D. C. Fermont
6 *months*
Mr. R. H. Mackay
6 *months*
Miss R. Dow
6 *months*

Resident Obstetricians
Mr. J. L. Bates
3 *months*
Mr. J. M. Morsman
6 *months*

Neurological House Physician
Mr. R. J. Rycroft
3 *months*

Dermatological House Physician
Mr. A. A. Bell
3 *months*

House Physician in Child Psychiatry
Miss R. H. Latey
6 *months*

House Surgeons to the Thoracic Unit
Miss D. C. T. Watson
3 *months*
Mr. A. M. Ross
6 *months*

House Physicians in the Department of Psychological Medicine
Mr. M. Bourke
3 *months*
Mr. J. R. M. Ross
3 *months*
Miss P. Taylor
3 *months*

Resident Anaesthetists
Miss P. L. Pantin
3 *months*
Miss C. H. Thorne
3 *months*
Mr. J. A. R. Pook
6 *months*
Miss A. M. Tihanyi
6 *months*

Senior House Officers to Nuffield House
Mrs. L. J. Rockall
3 *months*
Mr. J. A. H. Wass
6 *months*

Children's House Physicians at Evelina Hospital

Miss C. A. Chalmers	1.2.72—31. 7.72
Mr. J. Rawlinson	1.4.72—30. 9.72
Miss M. J. Van Essen	1.6.72—30.11.72
Mr. Y. K. Gupta	1.8.72—31. 1.73

Casualty Officers at Evelina Hospital
Mrs. A. Furtado
3 *months*
Mr. G. C. Jain
6 *months*

ST. OLAVE'S HOSPITAL

House Physicians
Mr. J. R. Pepper
3 *months*
Mr. J. A. Morgan
6 *months*

House Surgeons
Miss D. A. W. F. Lee
6 *months*
Mr. A. Fenn
3 *months*

Gynaecological House Surgeon
Mr. F. M. M. Adel-Sattar
3 *months*

S.H.O. in Psychiatry
Mr. B.R.S. Nakra
3 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine, Geriatrics and Rheumatology
Mr. M. S. Sorefan
3 *months*
Miss C. R. White
3 *months*
Mr. G. M. A. Heaton
6 *months*
Mr. E. G. Latimer-Sayer
6 *months*

Orthopaedic House Surgeon see under Guy's

Senior House Officer to Rehabilitation Unit
Mr. R. A. Billings
3 *months*

BECKENHAM HOSPITAL

House Physician
—

House Surgeon
Mr. J. A. Dalziel
3 *months*

GREENWICH DISTRICT HOSPITAL

House Physicians to Dr. Elliott, Dr. Collover and Dr. Tillman:
Mr. D. W. Gorst
3 *months*

House Physician to Dr. Mallinson:
Miss M. L. Cann
6 *months*

House Surgeon to Mr. O'Flynn, Mr. Wilson, Mr. Hollis and Mrs. Wengraf:
Mr. B. V. Martindale
6 *months*

House Surgeon to Mr. Eldin Mr. Williams and Mr. Park:
Mr. R. C. Fieldsend
3 *months*
Mr. R. A. G. Goodhart
6 *months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases:
Mrs. R. M. Parry
6 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price:
Mr. D. G. Williams
6 *months*

House Surgeon to Mr. Lynn Evans:
Mr. J. L. Lewes
6 *months*

House Surgeon to Mr. Ivo-Smith:
Mr. M. A. Stodell
6 *months*

House Surgeon to Mr. France, Mr. Bingold and Mr. Monty:
Mr. R. M. Darling
6 *months*

House Surgeon to Mr. Le Brun:
Mr. J. S. Polkinhorn
3 *months*

House Physician to Dr. Llewellyn Smith:
Mr. P G. Jackson
3 *months*

House Surgeon to Mr. Cavendish:
Mr. A. B. Murgatroyd
3 *months*

MILLER HOSPITAL

House Physicians to Dr. Hartley, Dr. Bassadone and Dr. Mallinson:
Mr. D. A. Raper
3 *months*
Mr. J. D. Martin (S.H.O.)
3 *months*
Mr. C. J. Bennett
6 *months*

House Surgeon to Mr. O'Flynn:
Mr. J. L. Hewlett
6 *months*

House Surgeon to Mr. Eldin and Mr. Candy:
Mr. D. A. G. Cook
3 *months*

ORPINGTON HOSPITAL

House Surgeon with Dental:
Mr. S. J. Golding
6 *months*

House Surgeon with E.N.T.:
Miss S. C. Rankin
6 *months*

House Surgeon with Orthopaedics to Mr. Boxall and Mr. Lam
Miss M. Munir Ahmed
6 *months*

House Surgeon with Gynaecology:
Mrs. H. M. Powell
6 *months*

House Surgeon to Mr. Walker-Brash and Mr. Lam:
Mr. A. E. A. Ford-Jones
6 *months*

PEMBURY HOSPITAL

House Surgeons to Mr. Gibson and Mr. Lavy:
Mr. J. D. Mackay
3 *months*
Mr. R. G. Pietroni
6 *months*

House Physician to Dr. Miller and Dr. King:
Mr. J. S. N. Anderson
3 *months*
Mr. T. Kidger
6 *months*

ST. HELEN'S, HASTINGS
House Physicians:
—
3 *months*
Mr. M. L. Nancekievill
6 *months*

ST. NICHOLAS, PLUMSTEAD
House Physician to Dr. Scott:
Mr. T. de F. Mendis
6 *months*

P. J. Helliwell,
Superintendent.

3rd May, 1972.

PASS LIST

CAMBRIDGE UNIVERSITY

M.S.

March, 1972

R. H. Jago

UNIVERSITY OF LONDON

2nd M.B.

March, 1972

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N. R. Avery
Lynne A. Ball
J. S. G. Bamforth
G. R. Barker
R. H. F. Bawden
R. W. Bilous
J. N. A. Bloom
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K. G. Brame
J. C. Cannon
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C. A. Chivers
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Hung Tseung
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Julie P. Wheate
M. M. Wheeler
I. R. White
Philippa J. White
J. B. Williamson
M. J. Wiseman
D. M. Woods
Z. F. Zaimi

EXAMINING BOARD IN ENGLAND

Final L.R.C.P., M.R.C.S.

Medicine

April, 1972

G. R. Barker
R. M. Barry
Elizabeth J. Eadie
E. J. Evans
A. Fenn
W. J. F. Fitzpatrick
D. M. Gillman
D. I. F. Kelleher
J. R. Klosok
H. U. S. McMichen
Clare H. A. Moynaham
H. F. Parry
M. P. Powell
A. M. Royston
R. W. M. Wright

Midwifery

March, 1972

W. J. F. Fitzpatrick
M. C. Mace
J. C. Taylor

Pathology

March, 1972

E. J. Evans
M. C. C. Hunter
D. L. Jerichower
Clare H. A. Moynaham
J. A. Sogbodjor

Surgery

March, 1972

R. Ashman
K. M. A. Clifford
A. D. Crawford
D. F. Cripps
M. T. Fenner
H. M. Fleet
D. J. Gatland
Fiona M. Griffith
P. G. Lunn
Angela MacIntosh
Mahnaz Munir-Ahmed
N. R. Pinder
A. R. Rogers
J. C. Taylor
P. M. Watkins
D. R. R. Williams
R. W. M. Wright

SCHOOL OF DENTAL HYGIENE

March 1972

Jane Boshier
Berenice Jones
Caroline Parmenter
Jacqueline Siggers
Claire Walker
Anna-Lena Engberg
Inger Evertsen

PERSONAL

DENTAL LOCUM required from 21st August to 22nd September inclusive. Five-roomed flat available. Two-man practice. St. Leonards-on-Sea. N. A. Lee, 146 London Road, St. Leonards-on-Sea, Sussex.

CHANGE OF ADDRESS

The Dental Practice of Mr. J. O. Forrest, F.D.S.R.C.S., will be at: No. 6, Harcourt House, 19A Cavendish Square, London, WIM 9AD. Tel: 01-935 9968.

Dr. and Mrs. W. Fitzgerald Frazer, 18 Church Street, Shoreham-by-Sea, Sussex. Tel: Shoreham 2684.

Mrs. Pauline F. Paul (née Scotrick), will be living at Oakland House, 37 Warwick Avenue, Earlsdon, Coventry, Warwickshire. Telephone: Coventry 73848 as from the 16th May.

W. G. Webb, Esq., F.D.S., R.C.S., Rosemont House, Collards Lane, Elham, Near Canterbury, Kent.

BIRTH

SCHWARTZ—On 11th March, 1972, to Robert and Veronica (née Loasby) Schwartz, a daughter, Diane Lynn, a sister for Cheryl Ann. Present address: 22501 Rio Vista, St. Clair Shores, Mich. 48081. U.S.A.

DEATH

SEARS: On the 29th April, 1972, Ernest Hammond (Bill) Sears, M.R.C.S., M.R.C.P., of Williams Hill, Minstead, Near Lyndhurst, Hants. Qualified Guy's 1928.

PAPERS BY GUY'S MEN

Adinolfi, A. and Lessof, M. H. Development of humoral and cellular immunity in man. *Journal of Medical Genetics*, 1972, **9**, 86

Barlow, P. W. Deoxyribonucleic acid content in delayed mouse blastocysts. *Journal of Reproduction and Fertility*, 1972, **29**, 123.

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Simpson, M. A. Intelligence and fertility. (Correspondence). *British Medical Journal*, 1972, **2**, 290.

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Taylor, K. J. W. A study of the production of haemorrhagic injury and paraplegia in rat spinal cord by pulsed ultrasound of low megaHertz frequencies in the context of the safety for clinical usage. *British Journal of Radiology*, 1972, **45**, 343.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS Miss B. M. ORR and S. G. READ

NEWS EDITORS C. G. CHINERY and D. I. F. KELLEHER

SPORTS CORRESPONDENT R. W. BURNS

NURSING CORRESPONDENT Miss P. M. JEFFERIES

BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2189

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

A man went into a forest. He saw a tree stump and sat on it. Looking round, he noticed that the trees in the immediate vicinity of the rotting stump were more lush than those further off. He wondered. He examined the stump, the near trees, and the far trees —but could see no connection. He went away, and came back with a glass to examine more closely. No luck. He then put several lenses together and studied small fragments of the three characters—still no joy. He then built a huge and complex machine and took fragments to it—at last he had the resolution required, he could see the difference. The far trees had on them little particles which were different from the particles on both the stump and the near trees. Apparently, the particles on and around the rotting stump inhibited the accumulation of the particles on the far trees—the latter inhibiting the growth of those trees. He made up a solution of the particles found on the stump and went round sloshing it on trees. The wood grew lusher and more beautiful.

It is difficult to see how man's increasing control should increase the entropy, i.e. the degree of disorder, of the universe. The concept of entropy and the 2nd Law of Thermodynamics would seem only to be valid when applied to a closed system from without. Surely it has yet to be shown that there is more than one system? Besides which, it would seem that a pre-requisite of the concept would be the once-upon-a-time existence of total order. Is there any evidence for that?

Death at the Top

Tyrannicide is a basic principle of political liberty; an extreme view, but tyranny is, after all, an extreme state. On the assumption that political liberty is desirable, one must agree that democracy is a good means to that end.

The United States of America lay claim to being a democratic nation; inherent in the American Declaration of Independence is the right of the people to choose the form of government which would give the greatest happiness to the largest number of people. Benjamin Franklin and his friends deduced from this the right of the people to change that form of government once it became oppressive. In America, it has always been possible to change governments by democratic means but this is no guarantee for the future, because once a government becomes oppressive, democracy is stifled.

Such oppressive governments do exist elsewhere in the world today where, against the will of the majority, policies of the dictator are frequently enforced with the support of heavily-armed militia. Once such an oppressive dictatorship is established, it may be necessary, naturally only as a last resort, to kill the tyrant for the good of the people. That this is recognised as a logical and likely measure by many tyrants is witnessed by their characteristic nervousness about their personal safety: Papa Doc's Ton Ton Macoute and Stalin's banishment of several doctors to Siberia because he was afraid they were trying to kill him. Yet it is only when a tyrant has achieved a position of power that he can be recognised as such. Unfortunately, it is then that, shielded by his guards, he is least vulnerable.

It would therefore seem that the best moment to assassinate a tyrant is before he has achieved tyranny. Yet who could have foreseen Hitler's potential for evil before he rose to power? How much misery would have been avoided if he had been exposed to America's gun-toting electorate!

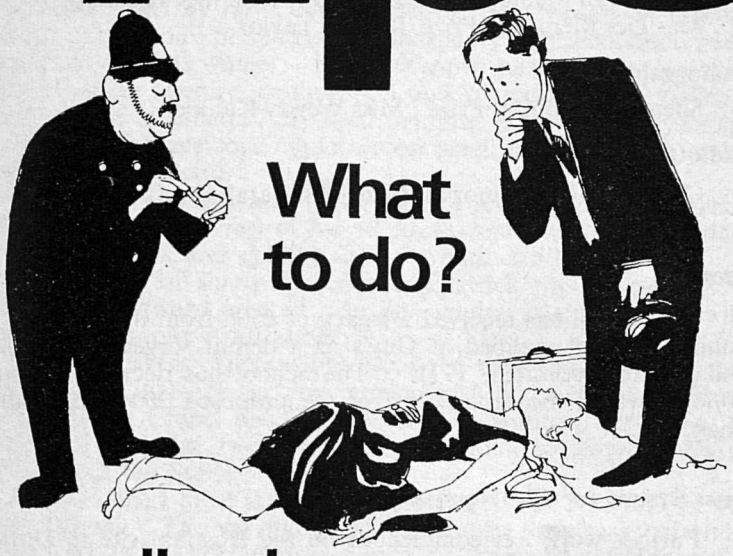
Let me not give the impression, however, that I would condone assassination under any circumstance save that of frank tyranny. Assassination in a democracy is totally inexcusable, particularly of candidates for the ballot box. It is only if there is no ballot box that the alternative to quietism may be the gun.

This week we welcome Stephen Read to the editorship of the *Gazette*.

GUY'S DIARY

JUNE			
5	M.	1.00	Clinical Lecture. Mr. MORRIS.
8	Th.	1.00	Clinical Lecture. Professor TROUNCE. "Intestinal Infestation."
9	Fr.	1.00	Clinical Lecture. Dr. HOARE. "Radiology of Lesions at the Base of the Brain."
13	Tu.	1.00	Clinical Lecture. Mr. LAURENCE. "The Management of Multiple Injuries."
15	Th.	1.00	Clinical Lecture. Dr. MALLINSON. "Ulcerative Colitis."
16	Fr.	1.00	Clinical Lecture. Dr. SOWTON.

mps



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NEWS IN BRIEF

Guy's Hospital Physiotherapy and Radiographers Association

A Sherry Party held in Shepherd's House on Friday, 5th May, was attended by 90 members and third-year students.

The following prizes were presented by the President of the Association, Miss B. M. Randles :—

Physiotherapy:

Angove Memorial Prize, Miss V. Lockhart.
Trethowan Memorial Prize, Mrs. J. Moon (née Rasdall).
MacTier Memorial Prize, Miss E. Taylor.

Radiography :

Shenton Memorial Prize : Miss Wendy Kunkler.

Radiotherapy :

Carter-Braine Memorial Prize, Miss Sarah Barson.

Bequest

The School has received a legacy of £500 from the late Mr. J. C. Dominick, who qualified at Guy's as a dental surgeon in 1931 and died on 7th December, 1971. The School has decided to put the money towards the capital cost of the proposed 200 study-bedroom block.

New Steam for Old Horses

Further work has commenced on the Hospital site to allow the contractor for the tower to instal the next stage of pipework in connection with the new boiler house. This section runs from the entrance to the Medical School, along the side of Nuffield House and then across the Park dropping into the subway under Hunt's House immediately in front of the main entrance.

The new boilers in the tower have been fired and handover of the plant to the Hospital will have been completed by mid-May. Meanwhile replacement of steam services continues.

As from Tuesday, 2nd May, 1972, it was necessary to close (for a period of approximately six weeks) part of the subway between the intersection of the Hunt's House and New Guy's House tunnel and the spur tunnel leading to Nuffield House, the Medical School and York Clinic. During this time an alternative route along the subway has been signposted, allowing access to be maintained at all times to these buildings. Inevitably, the work involved in the subway will be noisy, but everyone will welcome the improved heating system which the new boilers will bring.

Photographic Society

The annual Guy's Hospital photographic exhibition was held, as usual, in the Gordon Museum. An event which passed by with little attention from the Guy's public and Guy's photographers.

The blame for this, I suppose, must rest fairly squarely on the shoulders of the secretary and committee, whose inexperience in producing this sort of thing is their only excuse.

The entries themselves, what there were of them, were of a very high standard.

Of note, besides the prize-winners, were Peter Mowschenson's portrait of a girl, some "press-like" photographs from Ronnie Scott's club and an interesting photograph of lightning above some houses. The winning panel by Ian Couper consisted of a variety of unusual pictures. The choice of subject and sharpness of reproduction made his panel an obvious winner. Dr. Gent's two pictures of space were chosen for their serenity, composition and reproduction. Anthony Nicholl's "Life in Ghana" captured, without doubt, the way of life in a Ghanaian village (one could almost smell the hot, dusty, rather unhygienic atmosphere).

There were few entries in the portrait section and Ferdinand's collection (as were the rest of his pictures) were excellent and added greatly in numbers and quality to the overall exhibition.

The portrait of Jenny by Kevin Fitzpatrick was a simple, soft-toned, straightforward portrait. In my opinion it summed up what portrait photography is all about.

The transparency section produced the most entries, some very beautiful and unusual pictures amongst them, such as Professor Warwick's from China, and Dr. Gent's from Burma. However, in the words of the judge, two were outstanding and these were by Dr. A. Chalmers and Ian Starke.

At this stage I must thank Professor Foxon and Mr. Rex Lawrie for the judging. The variety of pictures made their task extremely difficult, and we are particularly grateful to them not only for sorting out the winners but also for their useful and constructive criticism of each photograph.

And so on to next year. Learning from this year's mistakes we have decided to introduce a few changes.

(1) The exhibition will be held in the last two weeks of April in the East Wing.

(2) Only photographs which have not been exhibited before will be allowed to enter (that gives you nearly a year to produce some).

(3) There will be five categories:

(i) Portraits (a) old people.
(b) children.
(ii) Technical and special effects.
(iii) Seasons.
(iv) London Buildings.
(v) Private open entries (i.e. anything). No prizes.

Rules

Black and white only. Minimum size 8 in. x 10 in.

Entries must be submitted no later than one clear week before the opening date of the exhibition.

C. B. H.

NOTICE

SUMMER FETE

to be held in the park at Guy's

on Wednesday, 14th June, 1972, from 11.30 a.m. to 4.0 p.m.

The Fête is being organised by the Friends of Guy's Hospital and the proceeds will be devoted to the setting up of a Unit for the Rehabilitation of the Disabled in the Department of Rheumatology and Physical Medicine.

Numbered programmes, price 5p, are now on sale, and the holder of the lucky number qualifies for a prize of £10 cash.

First prize in the raffle is a holiday for two, and this is only one of many valuable prizes.

Tickets are now available through the Ladies' Association, price 10p each or 50p for a book of five.

The following is a list of stalls and their organisers :

Tombola (many wonderful prizes)—Mr. and Mrs. A. Franks and Mrs. Tomkinson.

Produce—Mrs. B. Cooper and department of Physical Medicine.

Beauty Box—Sister Moss and Guy's Sisters.

White Elephant—Mrs. F. Gibberd and Mrs. J. B. Blaikley.

Kitchen Boutique—Mrs. D. Wilson and Mrs. D. Carnegie.

Jewellery—Mrs. L. Siddall.

Toys—Mrs. Rushton.

Hats and Scarves—Mrs. W. A. Crabbe.

Flowers and Plants—Miss B. M. Randles and Miss Elizabeth Salmon.

Gift Stall—Mrs. Joiner and Mrs. Campbell.

Cushions—Mrs. Helliwell.

Good as new clothes—Lady Goodhart.

Children's Clothes—Mrs. I. Mackenzie.

Books and Records—Sister Brysson Whyte.

Refreshments will be available.

Music will be played by members of the Guy's Hospital Music Society.

Your help and support are needed. Can you provide something for the stalls? New or good as new articles will be gratefully received by Miss Lowe or Mrs. Salmon. Contributions should be marked "Summer Fête" and the name of the stall and left at the Front Lodge.

Donations will be equally welcome.

Volunteers prepared to help on the day or before it are pleased asked to notify Mrs. M. K. Salmon.

Periodontosis

by Nigel A. K. Williams

Section I. Introduction and Definition.

The term "periodontosis" means simply a condition of the periodontium. The periodontium consists of the gingiva, periodontal ligament, cementum and alveolar bone adjacent to the tooth. Thus the term itself gives no accurate guide to the location or nature of the disease.

Gottlieb[1] carried out the first research into periodontosis in 1920, investigating a non-inflammatory type of periodontal disease—describing it as "diffuse atrophy of aveolar bone". Atrophy and widening of the periodontal membrane were the chief characteristics. Gottieb suggested that his patient might have had the periodontal disease as a result of the attack of influenza from which he died.

Box[2] described a similar case in 1924 pointing out that the changes occurred during low-grade chronic inflammation. The pathology bore no relation to gingival inflammatory changes and was possibly due to "overstress and unknown factors".

Periodontosis is a controversial disease and some periodontists deny that it ever exists. They prefer to term the disease "juvenile periodontitis" while others believe that it is a manifestation of occlusal trauma.

An attempt at an accurate definition of periodontosis was made by the Committee on Nomenclature of the American Academy of Periodontology in 1949[3]. It was :

"A degenerative non-inflammatory destruction of the periodontium, originating in one or more of the periodontal structures, characterised by migration and loosening of the teeth."

Baer[4] 1971 felt that this was not wholly correct or sufficiently detailed and put forward a more precise definition :

"Periodontosis is a disease of the periodontium occurring in otherwise healthy adolescents which is characterised by a rapid loss of alveolar bone about more than one tooth of the permanent dentition. There are two basic forms in which it occurs. In one the only teeth affected are the first molars and incisors. In the other more generalised form it may affect most of the dentition. The amount of destruction manifested is not commensurate with the amount of local irritants present."

Section II. Prevalence.

The prevalence of periodontosis is exceedingly difficult to ascertain, as its very existence is dependent on the investigator's own bias and judgment. Even for those who do recognise the disease, there is a wide range in its reported prevalence.

Rao and Tewani[5] 1968 carried out a survey of 1,200 patients attending the Bombay Dental Institution. This was a blind survey consisting of (a) Russel's method of scoring; and (b) radiographs of molars and incisors. Only cases showing "typical features" were

selected. Unfortunately the authors failed to state what the "typical features" of periodontosis were.

They found that of 1,200 subjects (670 male, 530 female), 84 subjects (2 male, 82 female) showed periodontosis. Emslie[6] agrees with this marked sex ratio, commenting "one's clinical impression is that in the earlier age groups at least 5—10 females present themselves for treatment to every male seeking treatment". Baer[7] has shown a ratio of 3 : 1, female to male.

Rao and Tewani found that a large proportion of the sample were aged about 25 years, with the disease detected as early as 15 years. Beyond 25 years the number of cases declined rapidly. Emslie reported, from a literative survey, an increased prevalence in the 20—40 age group. These appear to clash in the Baer's recent definition of periodontosis as a disease of adolescence. However, it should be realised that the patient may have experienced onset of the disease several years before seeking treatment. Butler[8] 1969 presents radiographic evidence of possible involvement of deciduous teeth; while Baer considers that the onset is insidious, occurring at the time of "circum puberty".

Rao and Tewani reported "good oral hygiene" in 67 per cent of the sample. How they assessed this is open to question since the Russel Index describes the gingivae, not the amount of plaque or calculus present. However, their observation is borne out by many clinicians who recognise that the amount of periodontal destruction present is out of all proportion to the local irritants present. Rao and Tewani drew false conclusions regarding geographical, dietary, and socioeconomic factors, since they considered only the sample of 82 periodontotic patients, and no survey of these factors was made in the original group of 1,200 subjects for comparison.

At present there is no authoritative prevalance-study of periodontosis free from bias and procedural inaccuracies such as are present in Rao and Tewani's paper.

Section III. Familial and Genetic Background.

There is a positive familial tendency and possible genetic factor for periodontosis. Baer 1971[4] has found it occurring in identical twins, parent/offsprings, siblings, first cousins, and uncles/nephews. Baer and Butler[8] also find that there is a tendency for periodontosis to follow the maternal side of the line.

Atkins 1970[9] comments that the work of Kaslick and Chasens shows a bilateral, mirror-image pattern of periodontal involvement in some cases described as periodontosis. This can only be explained by a developmental defect, an event which is in turn governed by a possible genetic involvement.

Section IV. Clinical and Radiographic Appearance.

Periodontosis may be detected in its early stages on routine radiographs. The disease is painless and is usually found in young females with good oral hygiene who complain of the bad aesthetic effects.

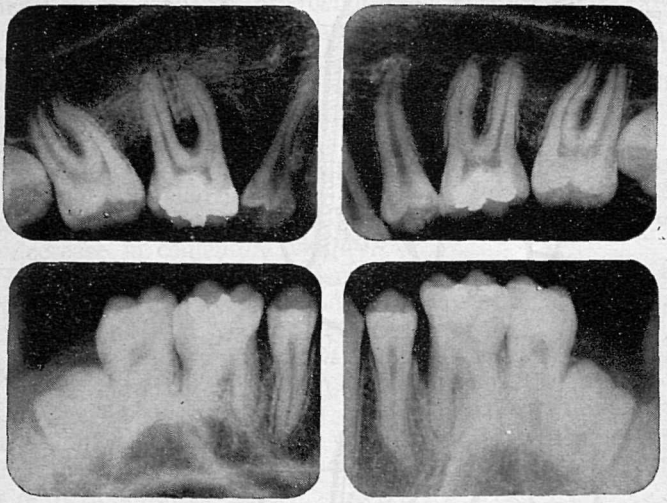
Migration of the teeth is the earliest sign, before any loosening or pocketing. The upper incisors, and upper and lower first molars are most often affected; except in the rarer generalised form. Unsightly diastemas, elongation in the incisors, and loss of contacts with traumatic occlusion in the molars, occur.

In the early stages, the gingivae appear normal. Pocketing develops rapidly, although gross deposits of subgingival calculus are uncommon—even in pockets extending as far as the apices of the teeth. Late in the disease stagnation occurs in the pockets and inflammation may be present.

Emslie[6] observes that "a striking feature of months with periodontosis is an immunity to caries."

Baer 1971[4] states "in the vast majority of cases of periodontosis . . . . the amount of periodontal destruction observed is not commensurate with the amount of local irritants which can be found."

Radiographs demonstrate changes in alveolar bone, the width of the periodontal membrane and the root configuration of the teeth. Vertical loss of bone round the first molars and incisors is a positive sign. Baer[4] describes the classical loss as "arc shaped . . . extending from the distal surface of the second bicuspid to the mesial surface of the second molar."



Radiographs of periodontosis in a patient aged 17. An extensive arc shaped loss of bone is present on the mesial aspect of $\underline{|6}$ and $\overline{6|}$. Early lesions are present on $\underline{6|}$ and $\overline{|6}$.

In the generalised form all teeth show equal bone loss, and as the terminal stages are reached the loss will become horizontal. The teeth affected often undergo root resorbtion showing "spindly" roots.

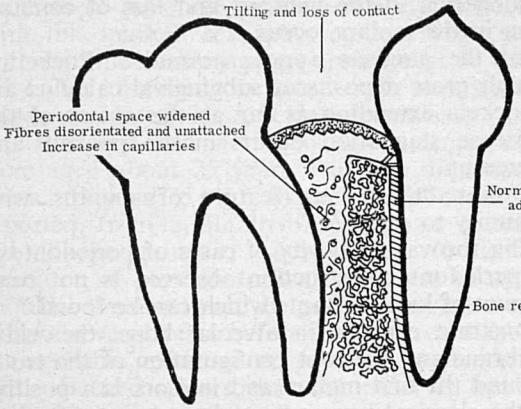


FIG. 1.
DEGENERATION OF PERIODONTAL LIGAMENT

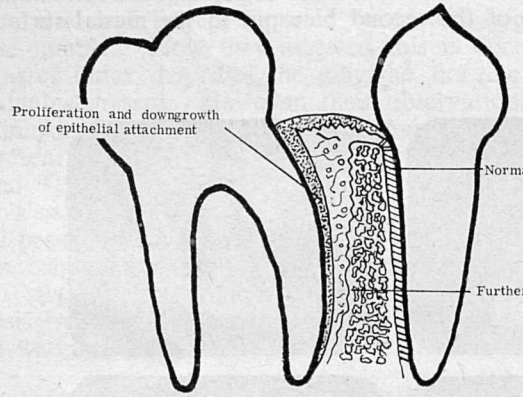


FIG. 2
EPITHELIAL PROLIFERATION

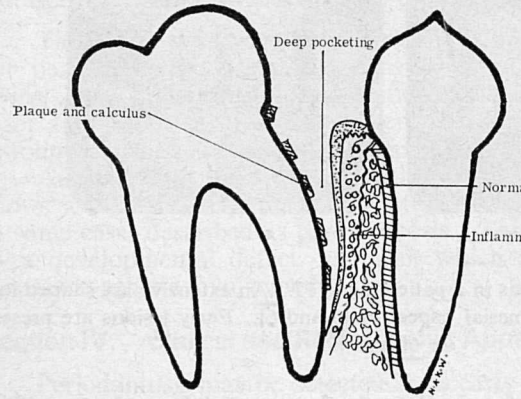


FIG. 3
POCKETING AND INFLAMMATION

Diagrams compiled by author from pathological studies by Gottlieb, Orban and Weinmann

Baer states that deciduous teeth are unaffected, but concedes that where the onset of periodontosis occurs in a mixed dentition, it is difficult to decide whether the bone loss is associated with normal exfoliation of an E, or with the onset of a destructive lesion on the mesial aspect of an unerupted 6.

One of the major diagnostic aids for periodontosis is the radiograph which may demonstrate a characteristic pattern of bone loss.

Section V. Histopathology.

The histopathology of periodontosis has been described in detail by Orban and Weinmann 1942[10] with reference to their own and to previous specimens obtained by Gottlieb 1920[1], and Gottlieb and Orban 1933[11]. They described the course of the disease in 3 stages.

Stage 1. (*Fig.* 1). *Degeneration of Periodontal Ligament.*

The periodontal space on the affected surface of the tooth is widened and the fibres disarranged. The fibres do not extend from cementum to bone, but end in loose, hydropic connective tissue between the remains of the dense principal fibres. A granular destruction is present in some fibres mimicking "desmolysis" seen elsewhere in the body.

Since occlusal forces are no longer transmitted from the tooth to the bone in a tensile manner, bone production stimulus is lost and resorption takes place. This is further increased by a local capillary proliferation and oedema, producing tissue pressure and tooth migration. Cessation of cement production takes place and resorption of the roots may occur.

Orban and Weinmann state that this stage is reversible (this would appear to be postulation rather than observation).

Stage 2. (*Fig.* 2). *Epithelial Proliferation.*

The epithelial attachment rapidly migrates down the surface of the root and epithelial cell rests proliferate following destruction of the periodontal fibres. Gottlieb suggested that these may be results of a decrease in cementum vitality.

The epithelial attachment is in unbroken contact with the root for the majority of its length and no severe pocketing has occurred. This stage is said to be irreversible.

Stage 3. (*Fig.* 3). *Pocketing and Inflammation.*

The proliferating epithelium separates from the tooth to form a deep pocket—a stagnation area and potential site for plaque formation. Inflammation results, which aggravates and overshadows degenerative changes, leading to obliteration of the primary characteristics of periodontosis.

Box (1957)[12] described the histopathological picture of specimens he had studied very differently: "according to the writer's interpretation of these microscopic findings, the changes in the epithelial attachment leading to formation of a pocket have *preceded* the connective tissue changes". Box also found "haemorrhagic and neurotic tract lesions". These findings are difficult to equate with Orban and Weinmann's observations. They may well have been due to post-mortem changes in the specimens which were kept in an unpreserved state for a considerable period before examination by Box.

Although the histopathological description by Gottlieb, Orban and Weinmann, is accepted by many periodontists, it should be pointed out that the World Workshop in Periodontics 1966 considered that there was not enough evidence even to accept periodontosis as a separate clinical entity.

Section VI. Aetiology.

Orban [13] states that there is no known aetiological factor common to all periodontosis cases. Factors sometimes capable of producing periodontosis are not always able to do so. Many cases show no local or systemic disease which may be related to the condition of the periodontium.

Lobene, discussing Baer's paper[4], suggested that an unusually virulent organism may be present in the plaque which causes a degenerative, rather than inflammatory, reaction. This view is paralleled by the work of Cohen *et al*[14], Baer[15] and Colman and Stoller[16]. Cohen found a high level of periodontosis prevalence in mongols. Colman and Stoller presented evidence of geographical distribution and incidence of mongols in Australia, leading to a theory that mongolism could be caused by a virus. Baer injected hamsters with rat virus. Within 24 hours a breakdown of the periodontium, similar to periodontosis in man, was observed. The hamsters showed mongoloid features. Viral intranuclear inclusions were found in the fibroblasts of the periodontal membrane.

The author feels that the following criticisms could be made of these papers. (i) Cohen *et al* identified periodontosis at a late 3rd stage—pocketing and supperation were present. The 3rd stage of periodontosis is very difficult to differentiate from periodontitis. Mongols have poor oral hygiene, so that the characteristic of pocketing, without local irritating factors, is not present. (ii) Colman and Stoller's paper has not been followed by more extensive or conclusive studies. (iii) No viral inclusions have been found in the periodontium of human subjects with periodontosis.

Bodies of opinion exist that regard periodontosis as a congenital defect producing "constitutional inferiority" (Baume[17]), an abnormality of the epithelial remnants of the root sheath (Orban[13]) or a congenital defect or viral infection of the neural crest cells (Hiat and Burrows[18]), resulting in lesions of both the periodontium and the epidermis of the skin. Each of these opinions has some backing from clinical observation; however, none of the evidence is conclusive.

Kaslick, Chasens and Teaneck[19] cite many systemic and local diseases which show clinical and histopathological conditions similar to periodontosis—Papillon Lefèvre syndrome, mongolism, hypophosphatasia, emotional disorders, hypertension, hyperthyroidism, angina, gastrointestinal disturbances, liver disorders, vitamin D deficiency, hypocalcaemia, enzyme defects, e.g. kallikrein (vide infra), hereditary and develomental defects. Implicated local diseases are occlusal trauma[20, 21] betel periodontosis, aerodynia and local haemangiomas,

However, is one justified in naming a condition of the periodontium resulting from an identifiable disease "periodontosis" and classing it as a separate entity? Many cases have been found where no detectable local or systemic factors were present. The author feels that the term "periodontosis" should be reserved for these.

Narrod and Braunberg[22] and Sallay and Nador[23] have carried out work on kallikrein—an alpha-2-globulin plasma which releases bradykinin (a mediator of several responses comprising the inflammatory reaction). It was found that in cases of periodontitis (an inflammatory disease), the saliva level of kallikrein is not raised : while in periodontosis (a preliminary degenerative disease), the level was 5-6 times the normal. The significance of this is not yet clear.

The World Workshop in Periodontics[24] (1966) states "There is insufficient evidence to identify periodontosis as a specific disease entity. It becomes difficult therefore to identify aetiological factors."

However, many researchers do recognise periodontosis as a specific disease entity and have set out to find a definite cause. As yet they have been unsuccessful.

Section VII. Treatment.

Since the aetiology of the disease is unknown, prevention becomes impossible and treatment difficult. Systemic disease may produce the signs of periodontosis, so it is vital that patients should undergo extensive tests—physical examination, urine analysis, blood film, serum calcium, phosphorus, total protein and alkaline phosphatase levels.

Tenenbaum[25] carried out a valuable series of treatments, although on small groups of patients, with careful evaluation of the results. The deductions were—that vitamin/calcium/phosphorus therapy and hormone therapy were of no value. Splinting of the teeth and local periodontal treatment with oral hygiene instruction attained significant improvements in the hard and soft tissues of the periodontium. Butler[8] put these views into practice, with the addition of autogenous bone grafts in a 15-year-old patient and achieved a reasonable result.

Everett and Baer[26] agree with Gottlieb that periodontosis could be a result of frustrated eruption. A logical method of treatment would be to carry out occlusal grinding to allow further eruption. This they did, and achieved good results. However, total credit cannot be given to the grinding, since they carried out root planning and soft-tissue surgery which would also have produced an improvement.

Baer and Gamble[27] report some success in autogenous transplantation of third molars to replace first molars severely affected by periodontosis. However they do not report their success/failure ratio.

Periodontosis is completely eliminated by the extraction of the affected tooth—but this is the ultimate defeat. Baer believes that "the prognosis . . . . is not entirely hopeless. There is no reason to assume that if treated properly the destructive process present in localised areas will or can progress to the adjoining teeth. Only if left untreated should this be expected to occur."

Section VIII. Discussion.

It is evident that the spectrum of opinion regarding almost every facet of periodontosis is extremely wide and sometimes contradictory.

Periodontosis is an uncommon disease (if one accepts that it does exist). Thus, it is well nigh impossible to obtain cadavers with identifiable characteristics of periodontosis in sufficient numbers to warrant total credence in the histopathological findings.

The histopathological report of Orban and Weinmann[10] (1942) would appear to gain acceptance from many periodontologists. However, their elimination of occlusal trauma as an aetiological factor is heavily criticised by Pritchard[21] (1969). He feels that Orban and Weinmann's description parallels present knowledge of prolonged and severe traumatism, a subject about which little was understood in 1942.

Prevalence studies are plagued with variations of criteria for diagnosis, bias, and the problem of obtaining cohorts of a statistically significant size from a representative cross section of the community.

Some periodontists agree that periodontosis is a separate clinical entity. Baer[4] points out the following characteristics distinguishing periodontosis from periodontitis—

(1) Age of onset—circumpuberty or adolescence.
(2) Sex ratio—more prevalent in females.
(3) Positive familial (genetic?) background.
(4) Lack of relationship between local irritant factors and the presence of deep periodontal pockets.
(5) Distinctive vertical pattern of bone loss.
(6) Rapid rate of progression (3-4 times that of periodontitis).
(7) Does not affect deciduous teeth.

How can conclusive research be carried out when there is no absolute agreement on the definition and identity of the disease to be studied? Even Baer's recent attempt at a generally acceptable and concise definition of periodontosis[4] as "a disease of the periodontium occurring in an otherwise healthy adolescent . . . " conflicts with the evidence of Orban and Weinmann in the early study of the disease. They presented histopathological studies of a subject aged 55, while Gottlieb's had died of influenza—neither example was adolescent nor healthy!

There is a body of opinion that periodontosis is not a separate entity—it is simply an unusual presentation of another periodontal pathology, e.g. occlusal trauma, periodontitis or a combination of the two[20, 21, 28]. Certainly the normal treatment for these examples seems also to be the most effective for periodontosis. However, if a patient presented with the early "classical signs" of a condition which may be termed "periodontosis", it is unlikely that a clinician could positively classify the case as traumatic or inflammatory.

Section IX. Summary.

For 52 years, since the publication of Gottlieb's paper[1], some periodontologists have believed that a condition exists in which the amount of periodontal destruction observed is not commensurate with the amount of local irritants present. The later stages of the disease may be rapidly overshadowed by an inflammatory reaction due to accumulation of irritants in defects caused by the transient early stages.

While a minority believe fervently in its obvious existence, and a similar minority denies that it exists, the majority would appear to have only partial credence in the condition.

"Although there is some general agreement that periodontosis is a clinical entity, less agreement on some of the clinical findings, and still less concerning the histopathology of the disease, there is virtually no agreement on its aetiology."[19]

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NURSING SECTION

The Use Of Jargon

During the last five or ten years, the British Public has become engrossed in the playing of a new game. So enthusiastically in fact has this been adopted that such national pastimes as Cricket and Scrabble have been almost abandoned. This infection has understandably reached the hospitals, due largely to the invasion of these places by management consultants and their ilk. This game has no name as yet, but could readily be called jargonism. For those who are unfamiliar with this term and its purpose, it is to replace familiar and well tried terms with ones which are totally meaningless, and to utilise words which are as long and unintelligible as possible.

Hospital personnel appear to have been particularly badly affected in this respect. In fact one can usually diagnose those who have most recently attended a management course by the frequency with which their newly acquired vocabulary is flaunted and, of course, by their desire to impress.

As a result of all this, those members of staff who are as yet unsullied by indoctrination are left completely bewildered by the invasion of the new language. Nowadays, for instance, student nurses apparently have ceased to exist. They have been re-christened "learners". The term which for so long described most eloquently the exact status and function of these people is now obsolete. The new one does neither. Who are the learners and what are they learning? It could be that they are orderlies learning to scrub floors, or dogs to jump through hoops, for all that the name implies. However in the name of progress all must be changed leaving everyone ignorant.

In the same vein, no nurse now cares for patients : she has a work load like a pack horse. The place in which one keeps patients is no longer a ward, that is far too descriptive a term and has been changed to "area" thus reminding one of early arithmetic at school. Hospitals no longer have matrons, but to their own staff as well as the lay public possess a jungle of "nursing officers" each trying like plants to reach the sun.

The irony of all this is that no-one is any wiser or better for all the modifications. It appears, however, that one must keep up with the Jones'. Provided that it all proves meaningful, we are bound at the end to achieve job satisfaction!

CORRESPONDENCE

Participation in practice

SIR,—It is sometimes alleged that democracy in fields such as health care is "nice if you can afford the time for it—but something of a luxury". Although there is now a considerable body of evidence about how organisations actually work, which suggests that the active participation of staff and consumers in the running of an organisation not only increases job satisfaction but represents a sound investment of time; illustrations or case studies in health services have rarely been documented.

With the help of a grant from The Joseph Rowntree Social Services Trust Ltd., a small team in this Department is attempting to fill this gap by describing and discussing examples of staff and consumer participation. We should therefore be most grateful to hear from readers who either work in or know of health service units which have "democratised". We are interested in failures and difficulties as well as success stories. Examples from the three main divisions of health services which we should like to hear about might therefore include:—

1. General practices or health centres which are run as genuine teams, especially those which have some kind of patient involvement in their organisation;
2. Hospitals whose Management Committees have close relationships with the communities which they serve and which are fully accountable to them and to their staff. Alternatively, sectors of care such as paediatrics, which have made parents active members of the therapuetic team;
3. Public Health Committees which have opened their deliberations to the public and achieved some kind of successful public involvement.

Yours faithfully,

PETER DRAPER, M.B., B.Chir.

Department of Community Medicine,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

Car Parks

SIR,—With reference to the letter in the last edition of the *Gazette* concerning car parking at Guy's I would first say that we wholeheartedly agree and sympathise with the writer's views.

In addition to the ground next to New Guy's House lying vacant, there is also a plot of land belonging to the hospital upon which the old Physiotherapy School used to stand.

The latter area would need clearing and levelling. If one-third of the students who own cars were to help with this, it could be done in a weekend and thus considerably alleviate the parking problem. We hope, with the backing of the student's club council, to enquire into the possibilities of such a move.

A motion to this effect will be discussed at the Student's Club Annual General Meeting on 2nd June.

If you would like to see something done about car park facilities then it will be in your interests to attend the A.G.M. and you will be able to vote on the motion. We would hope to have some facts by that stage.

We are, Sirs, your humble and obedient representatives,

DAVID T. BRES,
MICHAEL J. HOLLIS.

East Wing,
Guy's Hospital.

Charity Concert

SIR,—On Wednesday, 10th May, Miss Helen Watts, accompanied by Mr. John Streets, gave a recital in the East Wing, in aid of the Spastics Society. An audience of about one hundred enjoyed a varied selection of songs, which Miss Watts sang with the tone and expertise one has come to expect of an artist of this renown. Our most sincere thanks go to Miss Watts and Mr. Streets for giving up their valuable time to give us a most memorable and successful evening.

The recital has enabled us to send a cheque for £101.20 to the Spastics Society, and we would like to thank those who were unable to attend, but sent donations for this charity. Our thanks to Dr. Mac Keith for making a speech on behalf of the Spastics Society, and to Graham's Catering Company for providing the buffet supper which was enjoyed by all.

We hope this success will encourage further evenings of musical entertainment to be organised at Guy's in the future.

RICHARD HAYWARD,
(*Hon. Sec. Guy's Music Society*)

Bad Food Guide

SIR,—The sentiments of your Nursing correspondent (*Gazette*: 20-5-72) concerning hospital food must strike a chord in the minds of everyone who has ever walked within 100 yards of the central kitchens while food is being prepared. The embarrassment of staff having to serve such food to patients can be all too well imagined. May I, however, record my dissatisfaction with another aspect of Guy's food—that of "teas" served at H.O.P. to visitors after games.

The embarrassment of presenting each opponent with one pseudo-pasty, one shrivelled sausage roll and a cup of tea, when you have been entertained by them recently and been given pies, chips, beans, french bread and tea, is also acute. Surely *something* can be done?

Yours etc.,

R. J. ROBINSON

East Wing,
Guy's Hospital.

CCCTV

SIR,—I am sure it will be of interest to many members of the staff and students to know that demonstrations of closed circuit colour television techniques will be held in this centre between the dates of Monday, 5th June and Friday, 9th June. The demonstrations will be given by Pye Communications Limited, and the proposed schedule of events is as follows:

Monday, 5th June—Anatomy (Medical School)
Tuesday, 6th June—Anatomy (Medical School)
Wednesday, 7th June—Pathology (Postmortem Room)
Thursday, 8th June—Dental School
Friday, 9th June—Operating Theatre No. 3.
a.m. E.N.T.
p.m. Department of Surgery

Since there are a number of individuals in our community who are interested in the use of colour television, the reactions of all kinds of audience will be of interest to them and to Pye Communications Limited.

Yours sincerely,

ROGER WARWICK

Anatomy Department,
Guy's Hospital Medical School.

"X X"

SIR,—Further to your correspondence on "The Underdeveloped Sex", may I humbly submit the following:

Ode To Women's Lib,

by Mrs. Keats

A woman is a fascinating creature,
Provided she is more than half alive
And she really shouldn't cry
If she's X instead of Y
Since she still maintains the wherewithal to thrive.

For in this golden age of liberation
She can really know what freedom is about
But it mustn't be abused
By the bitter or confused
Oherwise the other Guys are still in doubt!

Yes the freedom of a woman is essential
If she wants to find out who she really is
But the mysteries of X
Are much more than those of sex
When her mind is truly hers instead of his.

For the things she learns to dread will no doubt happen
But she'll find they happen just as much to him
And whatever she may feel
Then at least it will be real
And not just another fancy or a whim.

She may even find it quite exhilarating
That uncertainty is more to be desired
If only she won't cling
To the usual sort of thing
For a subtle taste is one to be acquired.

She'll learn to understand the unexpected
And may find that freedom's not all tears and woe
For what has she to lose
When at last she's free to choose
What she wants to do or where she wants to go?

But if she then decides it's over-rated
And that 2.7 children are the thing
She may well enjoy them more
When she knows what life is for
And she's had some time to think and have a fling.

But when all is said and done, you must remember
That the world is now a very crowded place
So you may be wise to give
Thought to some alternative
If you're kind and have a mind, then you've a case!

Yours in all femininity,

JANET M. HIGGS

Department of Dermatology,
Guy's Hospital.

Mislaid or Waylaid

SIR,—Theft is a deplorable crime, which occasionally is lessened by the circumstances in which it is committed, but in our closed society at Guy's it is incomprehensible that professional men and women can contain within their midst a criminal element, and worse still allow it to go unrestrained. Even superficial enquiries in any section of the hospital community will reveal that all of us have at some stage been affected by the loss of property and all but few feel any inclination to do anything about it. Is their indifference due to an indolent acceptance of the situation regarding a degree of risk as normal or more sinisterly, a facade permitting a continuance of an attitude they themselves benefit by? The question of course is how many of us are guilty of the crime itself or simply of ignoring it.

It would be incorrect for anyone to cite the above claims without factual evidence to support it. So without any bias I would like to draw attention to the following examples.

Last year in a report on the Book Exchange it was mentioned that books disapppeared from the shelves. The size of the problem was not estimated at the time, but suffice to say that last year the average of a book a day was usual. Perhaps I shoud also mention that the book holders are still being reimbursed for their lost property. Nevertheless, the fact remains that some of us are stealing the books from our colleagues. The loss of books and bags from the East Wing is not unusual either, nor the loss of coats or umbrellas. Stretching your memory a little you may recall the notice in the *Gazette* a few months ago requesting the return of a briefcase and important papers to a Senior Orthodontics Lecturer in the Dental School. Reports have been confirmed that both the Medical and Dental School Lockers have master keys in the wrong hands, and that valuables disappear from behind locked doors.

The Dental School in particular has another problem. That is the never ending "exchange" of expensive equipment originally the personal property of one of the students. It is not possible to put an instrument down for a minute without danger of losing it—that is no exaggeration. This is an unpleasant fact which puts all of us including myself under constant suspicion.

Must I go on? I feel the point is made. Facts indicate that we have an anti-social element within the community, and a dishonest character which strikes at the heart of our professional image.

I believe it can be and ought to be stopped.

Yours sincerely,

NEIL MACLEOD

East Wing,
Guy's Hospital.

SIR,—I should be grateful if the person who some weeks ago removed the Wills Library's copy of *World Medical Periodicals* would please return it. The action was an inconsiderate one: this directory can be of only short term use to someone preparing a paper for publication, whereas for the library staff it is a working tool in continual demand. The title is now out of print and plans for a new edition have been abandoned, so I have no alternative, Sir, but to beg space in your columns and the co-operation of your readers.

Yours etc.

JEAN FARMER

The Wills Library,
Guy's Hospital.

Correction

The figures given for the distribution of Guy's Hospital Reports in the 13th line of G. E. H. Foxon's letter (20th May) should read: "compared with 154 in 1954 and 227 in 1962."

SPORT

SPORTS COMMENT

THE SOCIAL SPORTSMEN AND THE RUGBY CLUB

The six-a-side football games currently in progress epitomise the best of hospital sport. Players who have no idea of football, mix with others who are more professional, to enjoy themselves at a social evening. The various sides are playing together for one reason only—enjoyment.

What a far cry from the well disciplined fitness fanatics of former years. Now a dedicated few train for the major sides throughout the winter and the rugby club were usually lucky to raise three sides this season. The problem was that break-away factions—Angels, Artists and Extra Beers—who should have constituted the lower sides were not prepared to do so.

Several players in these teams have represented the 1st and are certainly good enough for the 2nd but they have been so disillusioned that they no longer train. The result has been the formation of separate clubs within a club, but the split is so deep they might easily have been independent. The players complain of:

1. Generally inadequate team selection, being dropped from higher sides without explanation, and sometimes being forgotten altogether.
2. Absence of the officials from Guy's, contributing to poor communication within the club.
3. Disproportionate financial allocations and no travel money to lower sides.

The consequence of the first criticism is that players never found themselves together regularly and it was this that provided the major impetus for fractionation. It is a natural and correct reaction which should be respected in this context. However, for the Rugby club, the way to change their organisation, if they so wish, is for enough dissenters to turn up, and speak up at their Annual General Meeting. The mistakes of this season can well be rectified and the club become a unified body next season.

ROGER BURNS

BOAT CLUB

U.H. BUMPS 1972

"Well, at least we'll have three goes at them next year." This was the wistful addendum to last year's bumps report after the strongest Guy's crew for many years, had bumped St. Bartholomew's and St. Thomas's but narrowly failed to achieve a bump on St. Mary's.

In fact, one "go" sufficed, and what must rank amongst the finest equipped and fastest Guy's crews of all time, rounded off the season with a flourish. The new boat and new blades complemented some fine spirit and not only had the four achieved the Elite Fours title in the U.H. winter regatta, but now, for the first time in the 125 year's history of the competition, a Guy's eight has achieved head position in the Bumps confirming the worthy position as best hospital crew in the university.

Having manoeuvred into a strong position last year, the best possible crew was found after Easter and a record number of six outings were obtained before the competition started. However, having no yardstick by which to gauge progress but the constantly decreasing oath rate of Tony Fenn, it was with more hope than confidence that we approached the start on the evening of 8th May, taking second position, 1½ lengths behind a reputedly well drilled Mary's crew.

As the start hooter went a powerful first stroke from seven nearly severed the leg of one of our intrepid pushers-off, but a rating of 42 was soon achieved. At 10 strokes from the start, the cox with more than a large question mark in his voice estimated the distance from Mary's to be one length. Twenty strokes later, at a comfortable strike rate of 36, the question mark had changed to three exclamation marks and a distance of ¼ length was recorded. At 1 mile 40 secs. out, despite desperate swerving tactics by the Mary's cox, the bump was achieved and a great cheer went up. We are Head.

The second and third nights were relatively uneventful (despite being chased by a not quite strong enough Tommies crew on the last night) and eventually a jubilant Guy's boat paddled into the boathouse to give their unfortunate cox a much undeserved bath in the waters of the Thames.

Crew: Bow, G. Moulding; 2, B. Matthews; 3, N. Odom; 4, M. Gleeson; 5, R. Pinckney; 6, A. Fenn; 7, P. Stewart-Bennett; Stroke, A. Chivers; Cox, F. J. Moorhouse.

G. MOULDING

TENNIS AT GUY'S

Since the last report in the *Gazette* the tennis team has played another five matches. The first was a league game against Mary's Hospital. Guy's again had to field a below best side, and was suffering a defeat by a strong Mary's team when rain stopped play and the match was abandoned.

On the week-end of 13th and 14th May, the tennis club took a small team to Cambridge to play against two of the Colleges. On the Saturday we played Fitzwilliam College and the result was a very amicable 4—4 match draw. There was a very strong cross wind, which made play very interesting. On the Sunday we played Pembroke College. Again the wind proved very testing, but the opposition was not as tough, and Guy's won 3 matches to 1. The week-end was a very enjoyable one and it was a great pity that more people couldn't manage to make it up there.

On Wednesday, 17th, Guy's had a disastrous league match against St. Thomas's Hospital. The result was a sad 9—0 defeat. Three matches were lost automatically because Guy's 3rd pair failed to turn up.

On Thursday evening Guy's played in the 1st round of the U.L. Intercollegiate Cup competition. We played against the London Graduate School of Business Studies. Because we played on hired public courts, the match was limited to three games. Our first pair won well, our second pair unfortunately lost in the third set and the third pair went down enjoyably in two sets. So Guy's lost the match.

The following have played: J. A. Colman, C. Mackenzie, D. Macpherson, P. Rydning, P. Boyce, N. Bullock, R. Yetton, R. Knight, J. Efthimiou.

ARNE COLMAN,
Captain G.H.L.T.C.

MOUNTAINEERING CLUB

The high attendance of this year's Easter meet in North Wales helped make the expedition most successful. Despite some bad weather, walks around the Snowdon Horseshoe and across the Glyders range, as well as some climbing on the Idwal Slabs, were accomplished during the week-end. In future it is hoped that larger expeditions will be organised so that more ambitious climbing projects can be undertaken.

NIGEL FISHER

GUY'S HOSPITAL (STAFF) CRICKET CLUB

This newly-formed cricket club has gone into action with very good results. Three matches were played to date and the results are as follows:—

Guy's Staff versus Colafordian—lost.
Guy's Staff versus Pickfordian—draw.
Guy's Staff versus Whipp's Cross Hospital—won.

Scoreline: Guy's Staff 105 for 8 declared, won by 2 wickets and 35 runs. Whipp's Cross 70 runs.

The Staff won the toss and decided to bat. After a very disappointing start, Guy's Staff lost 4 early wickets for 10 runs but never to be submissive, we were soon out of trouble when W. van Dort scored a brilliant 39 with the help of J. Mohamed and S. Clark and the Staff began to display their familiar shine.

With two hours of play left, the skipper decided to declare at 105 for 8 wickets and sent the visitors in to bat. Setting a defensive field, and bringing J. Mohamed on, the visitors began to feel the deadly effects of left arm leg spins capturing 6 wickets for 17 runs with the aid of T. Hingert who took 3 wickets for 28 runs. The visitors were all out for 70 runs. In conclusion, it was a lovely day of very exciting cricket. The fielding was suberb by all players and there were brilliant catches by G. Mangar and A. Franklin.

The bar was equally outstanding at the end of the match and the visitors had an enjoyable evening.

Guy's Staff Team: Captain, G. E. Mangar; M. Shearer, J. Underhill, T. Hingert, W. van Dort, S. Clarke, C. Pelloe, A. Franklin, R. Chigwidgeon, J. Mohamed, B. Mohamed.

G. MANGAR

NOTICES

NEW OFFICERS FOR 1972-73

HOCKEY:

1st XI Captain, John Cottingham; Vice Captain, Paul Wilmer; Team Secretary, Geoffrey Sparrow; Fixture Secretary, Robert Hannaford.
2nd XI Captain, Barry Jones.
3rd XI Captain, Peter Hodgkinson.

SOCCER:

1st XI Captain, Nigel Harridene; Vice Captain, Mark Winter; Fixture Secretary, Philip Coley.
2nd XI Captain, Alan Parker; Public Relations Officer, Keven Braine; Treasurer, Colin Baker.

GUY'S HOSPITAL STUDENTS' CLUB

The undermentioned have been elected as representatives of the Clinical Medical Students to serve on the Students' Club Council for the year 1972-73:

1st Clinical Year, R. W. D. Nickalls, Miss F. Rochford.

2nd and subsequent Clinical Years, M. J. Hollis, A. James, D. J. Jones, A. J. N. Renshaw.

GUY'S HOSPITAL THEATRE CLUB

The forthcoming Theatre Club Summer Production will be "A Day in the Death of Joe Egg" by Peter Nicholls, and will be presented from Monday, 26th June-Friday, 30th June in the Physiology Theatre.

This is a very funny play about a tragic situation, and should prove to be a most entertaining and thought-provoking evening.

Tickets will be on sale in the preceding week, and any enquiries should be made to David J. Jones, East Wing.

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited from medically qualified graduates for appointment as **Research Fellow** from 1st October, 1972 for one year in the first instance. The successful applicant will be appointed to the staff of the Imperial Cancer Research Fund to work at Guy's Hospital in their Breast Cancer Unit. The post will provide opportunities for clinical work and is suitable for someone working for a higher surgical qualification or wanting experience in clinical research. Salary according to experience in the Registrar-Senior Registrar range. Further details can be obtained from the Breast Unit, Guy's Hospital. Application forms are obtainable from the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT, and should be returned not later than **16th June, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Locum Paediatric Registrar** for the period 1st July to 30th September, 1972 with duties at the Evelina Children's Hospital. Detailed applications with the names of two referees should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **7th June, 1972.**

CHANGE OF ADDRESS

Dr. and Mrs. J. H. Newman, 5 Priory Close, Horton-cum-Studley, Oxford OX9 1BD.

DEATH

GILLETT—On the 14th May, 1972, suddenly, after a short illness, Paul Briant Gillett, F.D.S., R.C.S., M.R.C.S., L.R.C.P., of Tott Lane House, Hurstpierpoint, and 6 The Drive, Hove. The loving and beloved husband of Susan, father of Briony and Sally and grandfather of Nicky. Cremation was at The Surrey and Sussex Crematorium, Worth, on Thursday, 18th May.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITOR Miss B. M. ORR
NEWS EDITORS C. G. CHINERY and D. I. F. KELLEHER
SPORTS CORRESPONDENT R. W. BURNS
NURSING CORRESPONDENT Miss P. M. JEFFERIES
BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2190

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Pay As You Eat . . .

The pay as you eat scheme is undoubtedly a most satisfactory economic and administrative move. This is summarised in News in Brief.

The arrangements would not appear to have any effect on others, however the cry has gone up around the wards that only sisters and consultants, or their deputies, can have coffee in sister's office. No longer are the sisters, registrars, and housemen able to discuss the patients privately over a cup of coffee. This has always been a part of ward rounds and routine, and few would dispute its value. If this is the case, it is a break with a pleasant and useful tradition, and the wards will become less and less hospitable. One wonders at what stage housemen and registrars will no longer be allowed on the wards at all !

In this respect students have long been left out in the cold. There are, however, certain areas in the hospital where student "labour" is useful and often it is difficult, or very inconvenient, for a student to take a break for a cup of coffee. In particular Theatres, the labour ward on Victoria, and Casualty, come to mind.

Coffee has always been available in Casualty, which has helped the student feel he is appreciated; a collection box has now been introduced so that the service can be perpetuated.

Refreshments for students in Theatres and on Victoria were not available before this date and this shows no sign of change. Theatre lists often stretch until well after 5 o'clock, and enquiries about a cup of some form of beverage at the nurses' and porters' lounge are met with "There isn't a coffee machine here." This does not help students to feel involved in the hospital affairs; especially if they are on take-in and have been called up in the middle of the night for an emergency.

The position on Victoria is even worse. Students monitoring obstetric patients and subsequently making the delivery may miss

not only a tea break, but also meals. Not only is neither available in the delivery ward, but there is nothing available elsewhere at night. Conditions at Sophie's, where the take-in dressers live, are probably the best under the circumstances, but are definitely not very good. Refreshments must be provided by the students, but even the fridge in the kitchen is locked against them; the cleaners keep their own milk there, it is said.

If the presence of students was made a little more welcome, there might be less cries of student disinterest in ward work.

GUY'S DIARY

JUNE

19	M.	1.00	Clinical Lecture. Mr. SHAHEEN. "Tumours of the Salivary Gland."
22	Th.	1.00	Clinical Lecture. Dr. MALLINSON. "Diseases of the Pancreas."
23	Fr.	1.00	Clinical Lecture. Mr. LAWRIE. "Recent Experiences in Surgery of Childhood."
26	M.	1.00	Clinical Lecture. Mr. KINDER. "Congenital Abnormalities of the Urinary Tract."
27	Tu.	1.00	Clinical Lecture. Mr. BLACKBURN. "The Place of Surgical Treatment in the Management of Thyroid Disorders."
29	Th.	1.00	Clinical Lecture. Dr. RAKE. "Hepatitis I."
30	Fr.	1.00	Clinical Lecture. Dr. PETERSON. "Topical Fluorides."

NEWS IN BRIEF

Pay As You Eat

Fixed deductions for meals from the salaries of nursing staff have been discontinued from the beginning of this month. Fixed deductions are now made in respect of lodgings only.

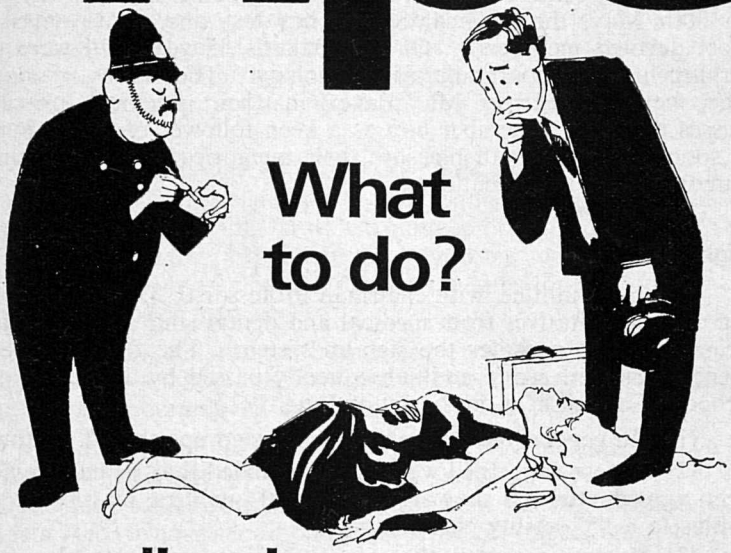
All meals taken must be paid for in the dining rooms as they are taken, and no food will be supplied outside dining rooms.

Tickets can be purchased so that nurses do not have to carry money with them.

Mid-morning coffee and mid-afternoon tea will be provided free of charge to all nursing staff, this may be taken as a matter of administrative convenience in wards, departments or nurses' homes. Snacks and milk for nightcaps must now be purchased.

Complex calculations show that nurses will generally be slightly better off financially, except for student nurses over 21 who have had a temporary financial advantage pending the introduction of this scheme.

mps



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Tribute to Emily MacManus

The Governors have agreed that the name of "Matron's House", one of the houses in St. Thomas Street belonging to Guy's, and used for entertaining distinguished visitors, be changed to "Emily MacManus House", in her honour.

Miss Emily MacManus, C.B.E., qualified in 1911 at Guy's, and was matron here from 1927-1946. She is the author of "Matron of Guy's", and now lives in Ballina, Co. Mayo.

Mr. A. Baker

With the death of Mr. A. Baker, at his home in Tunbridge Wells on 30th May, the Medical School has lost one of its oldest and most devoted members. Of Mr. Baker's 85 years, 70 were spent serving in the Department of Physiology. The scores of students who were helped by Mr. Baker in their practical physiology classes and who remember him as a keen follower of Guy's fortunes in sport will recall with pleasure their memories of a warm, sincere, humorous and loyal gentleman.

Sign-Ups

A sub-committee, with chairman Professor R. D. Emslie, consisting of representatives from medical and dental staff and students has been set up to consider the sign-up system. The following recommendations were made and subsequently passed by a meeting of the School's Council held on the 1st of June, 1972:—

(1) In general the present system of sign-ups should continue.

(2) Those concerned were to be reminded that, as has previously been agreed, students showing exceptional qualities, may be awarded a plus to a "5" ability classification.

(3) It was accepted that many students wished to know how they were progressing at regular intervals throughout their course. The following recommendations were agreed:

(a) At the end of each appointment the Consultant or his deputy should tell students the categories of their sign-ups and give reasonable information as to the levels obtained.

(b) The proposed new Dental tutors should routinely obtain copies of their group's sign-ups from the Medical School Office for discussion with individual students.

Overseas Elective Grants

The Drapers' Company have given the School a grant of £200 per annum for an initial period of three years for awards to assist medical students to spend their Elective, or a substantial part of it, overseas. Applications have recently been invited from students starting their Elective Period in July for the first of these awards.

You can have it both ways

Like most students, you probably have little money to spare. You would save if you could afford it. Perhaps you'd even take out life assurance. And you're certainly interested in a good long-term investment which is flexible enough to meet your changing needs and resources.

Our Both Ways policy is your answer. Life assurance now at a price you can afford, while you are young and fit enough to be sure of getting it on favourable terms. Guaranteed options to convert to an attractive tax-free investment when you are ready for it. Tax relief on your savings. Specially favourable rates for women with valuable options on marriage.

This policy is our all-time best seller. Thousands of students, graduates and young professional people effect Both Ways policies for millions of pounds every year. They can't all be wrong.

If you haven't heard of us, ask your broker. He'll tell you we have an unrivalled reputation for investment expertise. We have no shareholders, so all our profits belong to our with-profits policy holders. And we have a full range of attractive contracts, so that your life assurance and your investments can grow with you.

The Scottish Widows' Fund

& Life Assurance Society

London Branch: 17 Waterloo Place, SW1Y 4BG. Tel: 01-930 5771

Medicine, Machines, and 2001 A.D.

by Derek Stubbs

In the last two weeks of my student career I followed up some introductions with the above title in mind. A medical student wants to know how his chosen career will alter in the next 30 or 40 years of his professional life. Anyone who follows science magazines must be aware that in principle almost any process may be automated and that in practice machines are forming a growing part in treatment, diagnosis and research.

Automated History Taking

At the National Physical Laboratory in Teddington, the Computer Sciences research fellow who I met, Dr. Chris Evans, is designing a system for taking histories automatically from patients. He admits that he was motivated by the film "2001—A Space Odyssey" where there is "Hal"—a talking, seeing, thinking computer. The system was used initially at the Southern General Hospital in Glasgow, in conjunction with Professor W. I. Card, for taking "Dyspeptic" histories. Originally a computer terminal typed the questions out and patients pressed responses "Yes", "No", or "Don't Understand". The patient response was excellent—most thought it was better than a doctor (more polite, patient and concerned) and some could not believe that it was only a machine. The computer programme is a branching programme so that instead of a whole series of questions being asked willy nilly the computer's response depends on the patient's previous response. Significantly it is as good as a consultant physician at obtaining information and it costs less. Now the scheme has been adapted so that the computer actually talks to the patient. Dr. Evans is at present designing a system where an image of a doctor appears on a TV screen (called a V.D.U.) and asks the questions and a system where the computer hears and understands "Yes", "No", or "Don't Understand". In embryo then this would be a talking, hearing, thinking machine—as good as a skilled human being at the same task. Similar systems are working at the Fulham Chest Clinic and Guy's Psychiatric unit. Dr. Evans is making the future come true in terms of direct man/intelligent machine interaction and one feels he is futuristic in other ways. He has a videophone communicator with his laboratory and he carries his own typewriter-sized computer terminal around with him in his car—with a plug and a telephone he can utilise the power of giant Honeywell and I.B.M. computers. Is this a picture of the future, with electronics being a doctor's servant. At the push of a button a doctor could call up a computer's advice on a difficult diagnosis, or the latest attested treatment, or the complete medical records of one of his patients. Dr. M. E. Abrams of the Guy's Department of Medicine and Dr. Peter Higgins the director of the Guy's Department of General Practice have been involved in setting up a computer-based general practice information system for the new town of Thamesmead.

THE NAVY IS OFFERING TWENTY-FIVE MEDICAL CADETSHIPS THIS YEAR. ONE COULD BE YOURS.

To be in the running, you must have your 2nd M.B. behind you.

After that, we'll want to be sure you are suited to be a medical officer in the Royal Navy.

For it's a unique way of life.

Serving with the Navy at sea, you'd have absolute responsibility for the health of all on board—and possibly in other ships as well. Alternatively, in Naval hospitals at home and abroad, you'd be caring for Service men and women—and their families.

Wherever you are, you'd be part of a team. Finding new interests—meeting new problems—seeing new faces. For as well as being a doctor you'd be a naval officer—with the travel, the satisfaction and the full rewarding life that every naval officer enjoys.

Of course all this happens after your registration. In the first place, to qualify for a medical cadetship, you must pass your second M.B., or equivalent. After that you must be selected, following a Board interview.

Then while still at medical school, you are just like any other student. Except that we pay your fees and give you a guaranteed salary of £1,814 a year in the rank of Surgeon Sub-Lieutenant.

When you qualify you can spend your pre-registration year either at your hospital or one of ours.

After which we promote you to Surgeon Lieutenant, your pay goes up to £3 668 a year and you begin your short-career commission with us for five years. When you leave us you'll take a lot of useful experience with you—together with a tax-free gratuity of at least £1,400.

As well as 2nd M.B. students, the Navy also enters qualified doctors for a 5-year short-career commission. (Applications should be made during or after pre-registration year.)

Write now to Surgeon-Commander F. M. Kinsman, R.N., (26 AZ), Dept. of the Medical Director-General (Navy), Empress State Bldg., London, S.W.6, and tell him your age and qualifications. In return he'll tell you more about the advantages of applying for a medical cadetship or commission with the Royal Navy.

RN ROYAL NAVY

Automated Diagnosis

At the Leeds General Infirmary a surgeon, who I spoke to, in the professorial unit, Mr. F. T. de Dombal, has set up a system for automating diagnosis. An attractive young lady (a medical assistant) marks a checklist to obtain the history which is then put on a V.D.U., a doctor then checks this and adds the findings on examination. At the press of a button the computer then makes the diagnosis. Significantly again, the computer is better than a doctor, given the same information, at making the diagnosis. Mr. de Dombal has programmes on "The Acute Abdomen", "Dyspepsia", "Low back pain" and "Lower G.I. symptoms". Again in embryo we have here a machine making decisions better than human beings at the same task. Interestingly, Mr. de Dombal feels that it is the doctor's prerogative to examine a patient; others feel that a senior nurse or trained technician could be trained to do a system examination as well as a doctor. I feel this will be a future controversy. One can conceive of a system combining an automated history taker and diagnosis module which would make the doctor somewhat superfluous as far as diagnosis is concerned.

Automated Cytology and Radiology

At the M.R.C. Clinical and Population Cytogenetics Unit which I visited in King's Cross they now have a machine which scans a suitable smear and prints out the patient's karyotype. The opportunity for mass pre-natal chromosome screening has now become feasible. A system has also just been completed which reports on a cervical smear. It must be appreciated that these systems are cheaper and more efficient than a technician. The M.R.C. Unit are now devising a system for automatically reading chest X-rays and E.C.G.'s. Just last month I went to a lecture at the Guy's Biophysics Society where Dr. W. G. M. McMasters of Strathclyde gave an account of that University's Automatic Cervical Smear Reader. It is as good as a team of cytologists at identifying malignant cells. Throughout the literature there are hundreds of papers on autoradiology and automatic reading of E.C.G.'s and E.E.G.'s. These machines are improving all the time so that one may ask "Will there be any future place for the Clinical Microscopist, Radiologist, or Cardiologist?" One of the leading world experts on computer diagnosis, Lee B. Lusted, was a radiologist who simply asked himself "Cannot a machine recognise patterns as well as a human being?" The answer must now be yes—very soon.

Automated Surgery

The Queen Mary College department of Mechanical Engineering is under Professor M. W. Thring. I visited his research and development laboratory at Bow in East London. Professor Thring has designed robots which walk up stairs; clear dinner tables; search storeroom shelves; sense, seek, and put out fires; and so on. His work in the medical field includes very efficient mobile chairs for disabled patients, an automatic theatre trolley (for lifting and trans-

porting patients) and a powered multi-segment bed which can put the patient into any desired position at the press of a button.

However, the Professor's most interesting work was in surgical instruments. He has built a system which has been successfully used to sew together arteries less than 0.5 mm. (1/60th of an inch) in diameter. Pedicle skin grafts are now no longer necessary as a graft can be excised and transplanted in one operation. The most interesting thing I saw, which is the logical outcome of his development programme, were plans actually entitled "Operating Theatre—2000 A.D.", where the surgeon sits in front of a steroscopic console and a servo-assisted slave robot performs the operation in some other place. This would be the ultimate in bacterial sterility. Professor Donald Michie (who was a practising doctor only 10 years ago) is now the leading world expert in machine intelligence, at Edinburgh University. He predicts that by the 1980's we will have simple robots to do certain human tasks and that within 100 years we will have robots which can replace humans in all tasks. From my survey of the literature I would go as far as to say that this will happen within 50 years—2022 A.D. We now have quite sophisticated optical character recognition devices, hand-eye machines, and intelligent-creative computer programmes. In recent correspondence with the Massachusetts Institute of Technology I learned that American astro-scientists are building a robot which combines all these features to survey, assess and analyse Martian landscapes.

Discussion

We have only 12 years to go to that ominous date 1984 and just 29 years to 2001. It appears quite feasible that many tasks now performed by doctors will by then be performed better by machines.

Recently I played a game with a computer where I had to guess the 4-letter word it was thinking of, after giving me a clue. After a while I got frustrated with my lack of success and so I suggested one of the milder less polite 4-letter words. The computer admonished me : "Now that wasn't a very nice word was it—I suggest you try again." In its way this was quite amusing but at the time it made me feel pretty small. Now this story illustrates a problem which will occur increasingly in the future : the interaction and reaction between Man and Intelligent Machines; I unconsciously accepted the machine as a real person.

We must soon face certain questions :

Given the possibility of man-machine interchange is it necessary or desirable?

How much freedom may we allow machines?

We now have machines which can collect information on every organ system in the body—how far should we go in allowing machines to collect clinical information?

How much will we allow decision making to be taken over by machines?

Will the young revolutionaries of 2072 A.D. be campaigning for "Equal rights for robots" or "Ban the robot"?
Can we ever live with machines "cleverer" or more creative than us?

I would be glad to answer correspondence on this through the columns of the *Guy's Gazette*.

BOOK REVIEW

C.B.S. SCHOFIELD: SEXUALLY TRANSMITTED DISEASES (1972)
Published by Churchill-Livingston. Price £1.25.

There are now quite a number of short publications on the sexually transmitted disorders. This particular one is brief and lucidly written and, one imagines, is aimed in particular at the young student or even nurse. This does not mean to say that the material is scanty: its presentation is both simple and satisfactory and the book makes pleasing reading. In certain areas highly sophisticated information is available, such as the detection of penicillin sensitivity. A propos of the use of the title "Reiter's Disease": it is usual to describe rheumatic disorders as syndromes or arthritis, as in Siogren's syndrome, Reiter's Syndrome, etc. On the whole, a well prepared and presented handbook.

A. S. GRIMBLE

NOTICES

Royal Navy Summer Course

The Medical Branch of the Royal Navy is running a Summer Course for Medical Students from 9th July to 14th August, 1972.

The course consists of visits to the various medical establishments and ships of the Navy. Students are given £6 per week pocket money plus free board and lodging and travel warrants. There will also be ample opportunities for participating in many sports such as sailing, squash, etc.

Anyone interested should contact Surgeon Sub. Lt. M. J. Hollis, R.N. in the East Wing. The closing date for applications is 9th June.

Grant's Atlas of Anatomy

The *Gazette* has been asked to review the latest edition of this work.

It has been decided to ask the writer of the best editorial, which will be printed as a "Passim", to review the book.

In return, the student will be entitled permanently to retain the Atlas for his own use.

The "Passim" may be on any subject, preferably controversial and of medical interest, and should be less than 500 words.

The review, to be submitted later, should be a critical appraisal.

Any pre-clinical medical student may submit a "Passim", which should arrive at the *Gazette* office, before 13th July. The *Gazette* retains the right to print any "Passim" so submitted.

Should Children Visit?

Readership of the *Gazette* is not confined to associates of the Hospital, and writers in these pages sometimes arouse strong feelings which may need months before presentation as a formal response. In the Nursing Section of August 1971[1] a correspondent urged caution in the interpretation of the Department of Health's instruction to hospitals regarding the visiting of parents by their children. Tendentious phrases were used: an "invasion" of wards by children was mentioned, and "disaster" was feared. The objections appeared to centre around a risk of both infection and psychological upset. Here two members of a concerned study-group, one from the nursing, the other from a medical viewpoint, respond forcefully to the call for caution.

Bianca Gordon

[1]Guy's Hospital Gazette, 85:449 (1971)

A Medical Viewpoint

by Dr. Mervyn Fox

I would like to elaborate and enlarge on some of the points which arise from your Nursing Correspondent's article on children visiting in hospital in Issue No. 2169 of 28th August, 1971.

A minor but significant bridgehead in the battle for preventive child health was won with the general acceptance that the sick child is in need of emotional support, and that this can always best be provided by the mother who has been the child's source of constant, committed and balanced attentiveness from the beginning. A programme of preventive child health, merging into schemes for improving adult and therefore community mental health, must take cognisance of many social patterns, including all the complicated factors which affect the lives of children. In this connection we are learning that separation of children from their families is done at peril.

From time to time events focus attention on one or another of our social habits, and their effect on the life of the family or the child, and one such factor is the question of children visiting their parents in hospital. With the increasing communal awareness of emotional matters being combined with continuing fulfilment of material needs, the question may be tackled with mounting urgency and countered in some quarters defensively, so that there could be increasing imbalance and lack of compromise on the subject.

The main queries that may be raised concern what good and what harm such visiting can do to the adults and to the children, and what powers of decision should be permitted to those with the administrative or professional duty of exercising accepted public policy on this matter.

With regard to the benefit to adult patients of being visited by their children, it is a common clinical experience that mothers do miss their children when they are sick, and do develop anxiety when they

are forcibly separated from them. The involuntary assumption of the sick role involves some self-denigration and, until the effect of illness upon the personality has been resolved, some loss of self-esteem occurs. There is also a tendency to seek unproductive avenues of emotional strength and satisfaction, and these reactions do not contribute to mental health, so their exacerbation by the removal of a child must not be dismissed lightly. Anxiety, with its multiple concomitants, is the enemy of all aspects of healing.

Visiting by husbands is accepted as a necessary part of hospital therapy, but for many mothers this is not enough. The husband may himself be a source of anxiety, perhaps because he is not a subtle observer of child behaviour, or perhaps the Local Authority as part of the caring community has provided a substitute away from home, or perhaps the mother simply yearns for a glimpse of her own offspring.

In considering the harm such visiting might do, the fact must not be overlooked that there will be cases in which freedom from the children is a mandatory part of therapy. At the same time care must be taken to decide from what aspect of childhood the sick parent is to be freed. The sound? The chores? The early rising? The emotional tensions? These factors must be studied for each case before prescribing complete separation.

Children are carriers of infection, therefore there will always be medical reasons for barring them from bacteriologically fraught situations such as transplant surgery, massive irradiation and any occasions when body resistance is impaired. However, there are techniques for obtaining visual and auditory access, so that with time and the development of new attitudes the emotional ladder being balanced against the infective snake will be used more freely for the child visitor.

In less dramatic situations bacteriological caution tends to be overstated, since many patients are merely passing through an incident of ill-health, or undergoing correction of a minor disease of decay, or of civilisation. The parent fortunate enough to have surgery performed at a nursing home has always enjoyed the recuperative effect of visits from the family: post-operative infection is a sickness of hospitals alone.

One must balance the possible harm that might be done to children if unrestricted visiting of parents were permitted against the horrors they create in their own fantasies.

Variations in child behaviour such as enuresis, sleep-disturbance, regression, stranger anxiety and feeding disorders are observed in children separated from their mothers in hospital. Some of these changes are not short-lived and a number appear to herald an apparently permanent state of disadvantage, therefore wherever possible they must be prevented. On the other hand there may be some realities that the child should not be called upon to face, such as burns, extreme pain, severe transient alterations in appearance, and the full paraphernalia of life-support equipment. The circumstances in which the child should see a dying parent cannot be treated as part of the

case for general visiting, and the situation of the infective parent is the same as that of the infective child, demanding identical restraints and assessment of the risks.

What good will be done to children by letting them visit their parents? Firstly, the replacement of fantasy by fact; secondly, the opportunity for discharge of those feelings of guilt arising out of the illness; thirdly, the chance to participate in the good deal of sick-visiting; and fourthly, the ability to enter and leave hospital freely and to associate it with friendliness and curing.

One must not expect unrestricted visiting of all parents by all children. One must seek an attitude that will appreciate child-visiting as a norm to be achieved, governed by limitations, rather than the privilege of the few.

A Nursing Viewpoint

by Miss L. Vernon

I would like to add a few comments in reply to your Nursing Correspondent's article in Issue No. 2169 of 28th August, 1971 on this subject.

I agree that infection and psychological trauma are possible dangers to the child visiting hospital, and that should children be allowed to visit their parents the number of children in wards at a given time would make it easier for them to wander about and encounter these dangers. But there is I think an underestimation of the common-sense of nursing staffs. Side-ward doors are usually kept closed and very ill patients, or those whose appearance might be disturbing, are normally screened.

In the Paediatric field our colleagues have seen the need of accepting resident mothers as an integral part of the ward team, and have adjusted to open visiting because they now understand how dependent upon his family a child is for security, explanations, routine and familiarity. These progressive steps have necessitated careful supervision, especially over the mothers' actions towards other people's children, and more time being given to listening, answering questions, explaining and appreciation of the parents' point of view. We are now able to say that many of the problems and dangers envisaged, such as personality conflicts and cross-infection have proved minimal.

Could not these adjustments also be made in adult wards, as staff are helped to understand the importance of this recommendation both for parents and children, so that instead of "greater disciplinarian vigilance" during visiting hours being necessary, there will be better communication between staff, parents and visitors bringing children? To achieve this, when parents ask about children visiting, they must be told of the risk of infection and that children should not be allowed to wander, and then they can decide if they wish to expose the child to these dangers. They should be given guidance about the best times to visit, for how long, and how many to bring if it is a large

family. They should also be given help about the wisdom of visiting a parent who is very ill. Ideally hospitals in future should have a ward playroom, and there should be a booklet for parents saying what they might tell children and how to prepare them for confrontation with beds full of very ill people.

My impression when visiting adult wards during visiting hours has been of a peaceful scene, with children sitting on beds or on knees at the bedside, and I have seen no anxious glances from the children, who seem outwardly unconcerned. However, by being aware of the very real dangers, and by thoughtfulness, can we not eliminate them as far as possible, and adjust ward administration to having children around because it is the right thing to do?

The success and safety of this policy must depend upon the appreciation of the staff of the need for this further step in visiting, and if we cannot get rid of the dangers entirely, we can balance them against the child's need to maintain contact with the sick parent and vice-versa.

PERHAPS?

Looking at things
As if through a microscope,
I see each detail,
Each amazing little imperfection.

And I am disgusted,
For such is the nature of man—
Smooth as the touch of the softest velvet,
Yet woven coarsely,
Ugly and crude.

Why am I so bitter? Perhaps
I have seen the fall of the autumn leaf—
Perhaps I have seen the rotted veins,
The yellowed stem. Perhaps
I have looked too closely . . . .

Ruth Becker

NURSING SECTION

The Nurse and the Relatives

From the earliest days of her training the student nurse is instructed in the art of patient care. Her theoretical knowledge is carefully designed to correlate with clinical experience and at all times the importance of her attitude and approach to sick people is firmly stressed. In addition, this same student also attends psychology lectures, the aims of which are to assist her in understanding the function of the human mind.

Amongst this, however, one subject seems almost unanimously omitted from the curriculum. That is the care of the relatives of the sick people for whom she will be caring. Only the most cursory references are ever made about these people, and as a result, the nurse discovers that she has to face them without ever having been sufficiently prepared to do so. Her subsequent response is to adopt the tactics utilised by generations of nurses before her and to ignore them as much as possible. The passage of time, and her observation of her colleagues teach her that relatives are one of life's tribulations and that the best way to tolerate them is to reject them altogether, thus demonstrating man's standard reaction to unpleasant facts.

This sad state of affairs unfortunately exists as an unbroken vicious circle, the breaking of which appears to be impossible.

This attitude on behalf of nurses has somehow to be stopped. Complaints from relatives unable to obtain satisfactory information and help are on the increase and may be successful in effecting the necessary change. In the meantime what should the Profession itself do to improve the situation?

Firstly, of course, the introduction of freer visiting is bound to be beneficial. This revolution is slowly occurring and no longer can nurses remove patients from their families and all forms of normal life in order to exercise their frustrated maternal instincts, and keep the ward looking like an army barracks. Secondly, the teaching of nurses should be orientated much more towards regarding the patient as part of a unit rather than as an isolated totally unconnected being. In fact the reorganisation of the health service should assist in this direction.

Finally, of course, nurses must stop protecting the medical staff. Relatives have every right to see the doctors and the current fashion of regarding them as idols who cannot under any circumstances be disturbed is insupportable. Both doctors and nurses have to realise that they can no longer function in splendid isolation and mystique.

Nurses who work with children have of course been treating their patients and families together for some time. The practice is regarded with great scepticism by their colleagues and instead of learning from it they merely attribute it to the somewhat dubious hypothesis that everyone who chooses to care for children is somewhat abnormal and always becomes too much involved with any situation.

If on the contrary these people looked with a somewhat less jaundiced gaze at a system which has been proved to function satisfactorily they might be pleasantly surprised.

In the long term then, initial indoctrination of students and re-education of trained staff is the only method of ensuring that the treating of relatives by nurses as unnecessary and undesirable appendages who should be amputated at all costs is terminated as soon as possible. After all, when the patients are ready for discharge their families are expected to assume full responsibility. Is it not then reasonable to suggest that they be treated as befits them by the hospital staff?

CORRESPONDENCE

Car Parks

SIR,—The Hospital is ready to build a multi-storey car park on the unused land south of Snowsfields to accommodate nearly 500 cars as soon as planning problems have been settled. Places will be availiable to students living in the new Students' Hostel which is part of the Auditorium scheme to which your correspondents have referred. That scheme is also due to start in the near future. This is the practical solution to the Hospital's car parking problem but it is as well to mention that car saturation in London means that Local Authority planners do not favour parking facilities which could encourage car commuting. In the end they regulate the facilities we can provide.

Yours sincerely,

A. H. BURFOOT

Clerk to the Governors

Sports Correspondence

SIR.—I should be grateful if you will allow me space in your correspondence columns in order to address old Guy's men interested in golf.

It was suggested at the last meeting of the Guy's Hospital Golf Club that I, as President, might organise a Staff and "Old Boys'" meeting on an annual basis. They have in mind a day's golf to be held at a suitable venue providing there is a sufficient response to this appeal.

If anyone interested in this idea woud write to me as soon as possible I will do my best to make suitable arrangements.

Yours faithfully,

R. H. F. BRAIN,

President, Guy's Hospital Golf Club.

Guy's Hospital,
London, S.E.1.

SIR,—May I congratulate Paul Calvert and the other officers of the Hockey Club on the excellent coverage in your columns of the end of season games. As one of the "old lags" (still playing none the less) who has been unable to get to the Past vs. Present game for some years, I would like to say how much I enjoyed reading the accounts of the Folkestone trip and the Cup games as well. I am sure I speak for many other ex-players.

As to the question of team selection raised by Bob Fell in his report (6th May) and commented upon by the Captain (20th May), may I be

permitted to make a brief point? If my memory serves me correctly, it was in the Autumn of 1960 that I was present at the A.G.M. of the United Hospitals Hockey Club. At that meeting, held at St. Thomas's, it was decided that "bona fide members of the hospital's staff" could play in Cup Games as well as students (up to that time students only participated). As St. Thomas's had a particularly fine collection of players available to them at that time, the decision was greeted with some dismay—some people even thought that the fate of the Cup competition was sealed for years to come!

Their memories were short. Guy's had beaten St. Thomas's in the Final of Spring, 1960, under the able captaincy of Marius Blake. In fact, with one county player and a team who had played consistently together throughout the season, we were able to beat a side of far greater individual skill which had been disrupted by the calls of International and County hockey on no less than six of their members.

One swallow does not make a summer, perhaps—but I believe that the history of this competition endorses Paul Calvert's decision, even if you leave the important ethical question out of it.

Yours faithfully,

MARTIN CONYBEARE,
(*Capt. G.H.H.C.* 1961-62)

SPORT

GOLF

GUY'S v. PRESIDENT'S TEAM.

Tandridge G.C. Sunday, 14th May. Won $5\frac{1}{2}$—$3\frac{1}{2}$.

In the annual match against the Presidents' team, Guy's continued their amazing run by winning for the first time in history. As a result of the victory, our President Dr. Maclean stands down to make way for the President elect Mr. Brain.

The day's golf at Tandridge consisted of three doubles matches in the morning followed by six singles in the afternoon. Dr. Maclean picked his team equally from members of staff and local club stars, whilst Guy's imported one guest player, Peter Dyson from University College Hospital.

The morning foursome matches, plagued by frequent hailstorms, resulted in one win for each side with one match halved.

In the top match Peter Dyson and Ted Bray played Professor Cohen and Dr. Cockerill. The match which was very close throughout was highlighted by some spectacular drives from Peter Dyson, and despite attempts by Ted Bray to throw the match away, the resutant draw seemed agreeable to both sides.

Chris Grant and Paul Powell-Jackson played some consistent golf to overcome Martin Christmas and the Dean, the match being decided on the greens with Paul putting the side to a four and three victory.

In the final match of the morning Dr. Maclean paired up with Dr. Morris to hammer Chris Mackenzie and Larry Culliford by a very substantial margin.

After obtaining suitable fortification against the elements in the clubhouse, afternoon play commenced with Peter Dyson teeing off against the ex-Walker Cup golfer Martin Christmas. This turned out to be the biggest upset of the form book with Martin Christmas succumbing to the red hot finish of Peter Dyson, losing the last five holes, and going from four holes up to lose by one down.

Chris Grant and Ted Bray acting as the "lost leaders" of the afternoon both came up against tough opposition. Chris Grant playing his usual fine golf, especially off the tee, lost out to the superior short game of his opponent, Dr. Richard Cockerill, who as former Club Champion of Tandridge knew the course like the back of his hand and won by four and three.

Ted Bray in his match against Dr. Morris played some fine golf keeping the match level over the first nine holes, but with his opponent increasing the pressure after the turn, eventually lost four and two.

With the score standing at two matches to one in favour of the President it was evident that the mach with Paul Powell-Jackson playing Professor Cohen was to be vital. Fortunately Paul was again in good putting form having six single putts on the way in, yielding two birdies, to win by the margin of four and three.

Chris Mackenzie having placed a large wager on his match and having consumed several large drinks at lunchtime was obviously sweating somewhat in his match against Dr. Maclean. However, despite the President fighting with his usual resilience Chris pulled ahead after twelve holes of closely contested golf to win by four and two.

Larry Culliford in his match against the Dean played some fluent golf and despite the good short game of his opponent, won his match by the now popular margin of four and three.

After the match we retired to Dr. Maclean's house where we received a superb meal prepared by Mrs. Maclean to whom we extend our warmest thanks. We should like to thank Dr. Maclean for his many years as President and for all the hard work and energy he has put into the Club to maintain it as a thriving concern. We should also like to welcome our new President, Mr. Brain and wish him well for the future.

EDWARD BRAY

CRICKET

1st ROUND OF THE INTER-HOSPITALS' CUP

Guy's v. The London Hospital—Lost.

This was a most disappointing result and the team that was fielded was one of the strongest I have ever seen out for Guy's. The toss was won and, in view of the batting strength, Guy's elected to bat on a reasonably soft wicket.

The team batted down to number 10 and should have had no trouble in making at least 200 runs.

However, the usual sort of Cup attitude began to appear as wickets started to fall. The bowling was by no means unplayable, although it was good, and the batsmen generally got themselves out. As each batsmen was out it was assumed, as in fact occurred last year, that a recovery would result. Unhappily this never materialised and we stumbled to 49 all out.

As is often the case, their openers snicked away but only one catch went to hand and this went down. Although we took two wickets the London had little trouble in taking the match.

It is difficult to understand how good batsman can make such fools of themselves on the "big" occasion and make many runs in friendly matches. I am convinced it is the attitude to one match and it is to be hoped that we will not fail again like this in future.

C. G. LANGDON

Fixtures to come:

Sunday, 18th June v. Bart's at 11.30 a.m.—Away.

Wednesday, 21st June v. Middlesex at 2.00 p.m.—Home.

Saturday, 24th June v. E.T.E.S.S.A. at 2.00 p.m.—Home.

Sunday, 25th June v. 20-30 Club at 2.00 p.m.—Home.

1st XI

The Cricket season has now been running for one month but whoever controls the sunshine has failed to realise the fact. Five matches have been cancelled, and of the eight that have been played two have been won, two drawn and four lost.

Whist there are many players remaining from previous years we have gained several very good players from Oxbridge and schools. Of these J. Wright, P. Kay, C. McLauchlan and S. Taylor deserve special mention for their successes so far.

The first match of the season was against Horsham who beat us comfortably by 63 runs. They made 158 all out despite some useful bowling by D. Mills and C. McLauchlan (4 for 39). Guy's were all out for 97 and only two players managed double figures (Langdon 44, Evans 29).

After this disappointing start and two cancelled matches we suffered two more defeats. The Wanderers kept our score to 64 for 6 in a reduced overs game and then scored the runs for 2 wickets. Carnegie were bowled out for 110 (D. Mills 5 for 15 in 15 overs) and although Langdon (36) and Evans (28) took the score to 70 for 1 we could not manage a win.

With a weak bowling side we allowed Ashtead to score 204 for 3 and with our score at 152 for 7 (Evans 42, Langdon 38) we held out for a draw. Then followed a good win against the Stoics. Good bowling and excellent fielding restricted them to 115 for 9 in 40 overs (McLauchlan 4 for 36, Kay 3 for 16) and we scored the runs with two overs to spare largely due to a quickly scored 64 n.o. by Langdon.

Our second victory came in a very tense finish at the H.A.C's ground in the city. Guy's started slowly but when the match was reduced to 28 overs, accelerated to 143 for 4 (Langdon 55, Winter 30, Evans 22). The H.A.C. openers started as the Light Brigade did many years ago! They had scored 60 after the first 10 overs when the captain brought on the leg-spinner (and received several dirty looks!) Runs were scored, and wickets fell very rapidly and they needed 4 to win, with one wicket standing, off the last over. P. Kay produced a demon ball to take the middle stump and ended up with 5 for 43 and fully justified his captain's decision. The day was made memorable by the superb fielding which included three brilliant catches by D. Winter, a very unusual event!

The last match against the Dragonflies produced another exciting finish and so nearly a win. Evans (60) and Wright (51 n.o.) batted very well and allowed a very generous declaration to be made at 161 for 5. The opposition never really tried to make the runs and with 3 overs left were 130 for 7. All the fielders were crowded round the bat and two atrocious balls produced wickets. We had four balls to take the last wicket, and off the last ball of the day the ball was lobbed up by the batsman to land between two very close fielders, neither of whom could take the catch.

CHRIS LANGDON

PHYSIOTHERAPISTS' TENNIS

Guy's vs. King's at Denmark Hill on Wednesday, 24th May

Team: Miss R. Cotton, Miss L. Hall, Miss P. Asle, Miss M. Wright, Miss S. Letham, Miss J. Counsell.

Guy's won by 41 games to 31, the scoring being done in this way due to bad weather, which caused the match to be abandoned.

J. COUNSELL (Captain)

SQUASH CLUB ANNUAL GENERAL MEETING

This was held in the Gordon Museum, on 25th May. Mr. Maynard, the President, was in the Chair. The meeting was attended by four vice-presidents and some 25 members, including three from the Ladies' section.

In the Captain's report Edward Evans pointed out that the club had enjoyed its most successful season for many years, winning 50 of the 70 matches played. The Cumberland Cup team won 10 out of 11 matches, gaining promotion to the 4th division, while the 1st league team was top of the London University first division at Christmas and was now involved in a play-off for the title against St. Mary's. Mary's, alas, beat us yet again in the Hospital's Cup. He concluded by saying that, with most of the top players available next year, the club could hope to have another excellent season.

The following officers were elected for the 1972-73 season:—Captain, John Lewis; Secretary, Chris MacKenzie; Assistant Secretary, Ian Nicholson; League Secretary, Angus Kingon.

Dr. Colin Hunter-Craig brought up the subject of court bookings. After some lively discussion it was generally agreed that the rules should be changed and the details would be hammered out at a later meeting.

There being no further business, the meeting finished and members migrated to the Players' Theatre for dinner and the show.

E. J. E.

SQUASH DOUBLES

The second Guy's Squash Doubles competition attracted an enthusiastic entry. The final was a repeat of last year between Edward Evans and Chris Langdon, the holders and first "seeds", and Jerry Owen and Paul Calvert, seeded three.

Evans and Langdon beat Ian Nicholson and Lester Pigot in one semi-final. Nicholson dominated the first game, but Evans, a left-hander, gradually gained control of the backhand wall, while Langdon, a confident volleyer, cut off everything on the forehand.

In the other semi-final Owen and Calvert lost the first two games to Ray Sharp and Tony Edwards (seeded two) but they managed to cut Sharp out of the game and win in a very close fifth game.

In the first game of the final there were many errors, although play tidied up near the end, and Owen and Calvert won by 15—9. The second game produced many long and interesting rallies with all the players volleying well. Evans and Langdon came well from behind to win by 18—15. The third game was the best of the match. Evans and Langdon recovered from 8—13 to level at 13 all and then went 4—0 ahead in a "set 5". Owen and Calvert then won four quick points, but then lost the final point when Owen hit the top of the tin after a very long final rally. That point really decided the match as Evans and Langdon won the fourth game convincingly and the match by three games to one.

The whole tournament was played in a most friendly manner and was enjoyed by all who took part.

IAN NICHOLSON

Since the final a cup has been presented for squash doubles, in memory of the late Dr. Charles Baker, O.B.E., Physician to Guy's and President of the Guy's Squash Club for over 20 years until his death in 1969.

ATHLETICS

U.H. CHAMPIONSHIPS, MOTSPUR PARK

Won. Guy's 91 Mary's 57, London 49 and Other Hospitals 6.

Guy's fielded a very strong team on paper but were unable to use our full strength owing to the rail dispute and various individual reasons.

The weather was the worst that anyone could remember, being cold, wet and very windy. However, the atmosphere at Motspur Park was very competitive with Guy's more worried about losing the U.H. Shield than winning it for the 9th time in succession.

After a third of the competition, Guy's were lying 3rd with Westminster pressing hard behind. Our fortunes turned after this and we went on to win by a better margin than last year!

Kevin Shepherd and Bill Konarzewski once again distinguished themselves as not only able individuals but good team members by covering all the throwing events and reaping over a third of our point tally. Shepherd broke the Javelin record with a throw of 213ft, a 16ft improvement. He also won the Pole Vault to show his versatility. After a strenuous winter training, Kevin now lies in the first 10 in this country and should win the B.U.S.F. Championships at Meadowbank in June.

Nick Avery lost his 110m Hurdles Cup but replaced it with the High Jump Cup in conjunction with Rex Yetton, last year's Sports Day "discovery".

Four athletes entered the Long Jump but none reached the 20ft plus potential in the driving wind and rain. On the track, there was only one win, in the 4 x 100m relay, comprising Roger Nichol, Kevin Braine, Tony Portelly and Rex Yetton. Roger Nichol came a good 2nd in the 100m but was not at his 11.2 sec. best. With a little more training all our sprinters could form a formidable relay team.

For the first time in years, heats were required for the 400m Hurdles, heats in which freshman Gareth Hughes was eliminated and Captain, Barry Jones won. The final showed up Jones' poor style and he was placed 2nd He also came 4th in the 800m and 2000m Steeplechase to keep the points mounting up.

Eric Gavin, always a determined runner, came 4th in the 1500m and 6th in the 800m shortly afterwards. This athlete with training could easily break 2 minutes for the 800m but like so many of us has not the time.

So it was with great relief that we heard we had won the shield again with only four outright wins, and the enormous 104-year-old shield goes back to its mark on the Medical School Office wall.

BARRY JONES

SPORTS DAY

17th June, 3.00 p.m. at H.O.P.

Everybody who works in the hospital or has anything at all to do with it is welcome.

There are plenty of fluid prizes to be won and competition to suit all comers.

The Ward Bed Pan Trophy, won last year by the Dental School, requires teams of two females and two males (usually supplied free on the day).

Other Fixtures:

Thursday, 22nd June v. Meadhurst, at Sunbury-on-Thames.

Wednesday, 28th June v. St. John's and St. Mark's Colleges, at H.O.P.

SAILING CLUB, 1971/72

As members of Guy's Hospital Sailing Club, we felt it was time that the club's exploits were revealed to the general public.

On the racing side of its activities, the Sailing Club was victorious in the Inter-Hospital's Team Event—The Scott Trophy, at Burnham, having beaten London Hospital easily in the final.

The Inter-Collegiate Championship of London University, featured G.H.S.C. against Imperial College in the final at the Welsh Harp reservoir. Unfortunately, Guy's lost the final, despite winning the first race by a fine margin, to an I.C. team which included two members of the current European championship team.

The United Hospital S.C. individual championship (Rosenheim Cup), was won by Martin Bye (amazing?), crewed by Jonathan Jones.

The current United Hospital's team, captained by Philip Meakins, often includes two or three (maybe four, five or six) members of G.H.S.C.

Not content with its sailing achievements, G.H.S.C. proved its versatility by entering the U.H. "Bumps". The team, as last year, was unbeaten, and now holds a useful fifth position in the 2nd division.

Captain, Philip Meakins; Hon. Secretary, Richard Kinder; Hon. Treasurer, Philippa Birch.

BUMPS NINE (Apologies to the impacted Eight): Bow, Barker; 2, Bye; 3, King; 4, Mcleod; 5, Fitton; 6, Meakins; 7, Kinder; 8, Jones; Cox, Lacey.

MARTIN BYE AND GRAHAM BARKER.

HOCKEY

SPIROCHAETES AT PAIGNTON

The Spirochaetes tour this year was well blessed with sunny spring weather in Torbay, not giving us the chance to blame any defeats on muddy pitches. Our first game and only victory was played on something approaching a ploughed field. Future visitors, therefore, may need to invoke the rains for Guy's agricultural style of hockey. We routed the previous year's victors 4—0, and afterwards, in true spirit, celebrated at the Polsham Needles. We lost in the afternoon, to a rather over obstreperous side from the banks of the River Severn.

The failing of this side throughout the rest of the tour was not to take up the loose ball and to make any advantage of it. Otherwise the Hockey displayed was very commendable against some excellent first team sides. I am not excusing them; they each played as hard, on and off the field, as the next man.

Our silent hard men Richard Fitton and Robert Hannaford defended well our virtue at the back and also instigated many attacks. The flair and virtuosity came from Tim Bayliss and Jeremy Horton. The latter also informs me that our "Leeds United" warm-up gave us the edge over our opponents. What edge? . . .

My thanks to all the team for making the tour a memorable one, and for turning up at all—a perennial Guy's failing. Lastly there is no truth in the rumour that N. Bardsley, Esq., had to be pickled before appearing in goal. Result, Ugh! Won 1—Lost 7.

Team: S. Weedon (Capt.), R. Fitton, P. Hodgkinson, R. Hannaford, D. Cole, J. Horton, T. Bayliss, M. Bennetts, M. Clapham, A. Harris, N. Bardsley.

R. S. WEEDON

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the Sir Alfred Fripp Memorial Fellowship. The Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health and/or in disease. The Fripp Fellow is allowed opportunities for study in the Paediatric Department and the Department of Child Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £600 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship. Forms of application are obtainable from, and should be returned to the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT. not later than **7th July, 1972.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited from dental or medical graduates for the post of **Junior Lecturer/Lecturer** in the Physiology Department. There are excellent facilities for research in co-operation with clinical departments. Salary in the range £2,082 to £2,676 (Junior Lecturer), or £2,676 to £3,999 (Lecturer) plus L. A. and superannuation. Application forms are available from and should be returned to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1 not later than **20th June 1972.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Junior Lecturer/Lecturer** in the Department of Forensic Medicine, with appointment to commence of 1st October, 1972. Salary in the range £2,070 to £2,260 for Junior Lecturers and £2,450 to £3,926 for Lecturers, plus L.A. and superannuation. Application forms are obtainable from and should be returned to the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT, by **12th July, 1972.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Junior Lecturer/ Lecturer** (full-time) in the Oral Surgery Department with duties commencing on 1st October, 1972. Salary within range of £2,070 to £2,260 or £2,450 to £3,926 per annum with superannuation. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London SE1 9RT, not later than **Monday, 10th July, 1972.**

GUY'S HOSPITAL

A course of study in Anatomy, Special Anatomy, Physiology, Pathology and Microbiology will be held in preparation for the Primary F.D.S. Examination. The course will commence in mid-September, 1972 and extend over a period of approximately 15 weeks; classes will be held at 5.15 p.m. on up to four evenings per week. The number of students will be limited to 12. The fee will be £25.00. Forms of application are obtainable from the Dean of Dental Studies, Guy's Hospital Dental School, London, S.E.1, and should be returned to him not later than **Wednesday, 5th July, 1972.**

PASS LIST

UNIVERSITY OF LONDON
Third M.B., B.S.
April 1972

Honours

J. L. Lewis (Distinguished in Surgery)
I. D. St.B. Starke (Distinguished in Applied Pharmacology and Therapeutics)

Pass

N. J. Astbury
N. R. Barber
A. J. G. Batch
D. N. Bateman
N. D. S. Bax
Margaret L. Cann
R. M. Darling
B. Dick
Rosalind M. Dismorr
N. P. D. Downing
G. C. Dunbar
J. A. Fleetham
A. E. A. Ford-Jones
Dorothy M. Frost
Annaoella M. Garnons Williams
P. C. Gartell
S. J. Golding
R. A. G. Goodhart
A. H. Goudarzi-Langroudi
Lynne K. Hampson
J. L. Hewlett
G. James
Lucinda L. Judd
T. Kidger
C. J. Lamb
Doreen A. W. F. Lee
A. M. Light
Avril Little
D. Macmarmid
Anne E. Macfarlane
N. C. H. McNeil
N. J. Marks
I. DeF. Mendis
Dilys A. Neville
Rosemary M. Parry
N. R. Pinder
Hazel M. Powell
A. J. Prisk
Sheila C. Rankin
D. R. Richardson
M. A. J. Rosenberg
C. J. Rudge
J. E. Scoble
A. J. Scourfield
M. M. Shaw
J. C. B. Shutes
P. J. Skinner
Anne R. Soul
R. K. Stacey
M. A. Stodell
D. F. Stubbs
C. J. Thomas
M. N. Vellacott
C. B. Vulliamy
Valerie J. Wass
R. W. M. *Wright*

Part I

R. Ashman
R. M. Barry
K. M. A. Clifford
A. D. Crawford
D. F. Cripps
Elizabeth J. Eadie
M. Epsom
E. J. Evans
M. T. Fenner
H. M. Fleet
C. R. Franks
D. J. Gatland
Fiona M. Griffith
D. L. Jerichower
D. I. F. Kelleher
A. H. Leader Cramer
P. G. Lunn
Angela MacIntosh
Clare H. A. Moynahan
D. J. Palin
H. F. Parry
M. P. Powell
H. Robertson-Ritchie
A. R. Rogers
A. M. Royston
Jean M. Speirs
G. C. Taylor
P. M. Watkin
S. C. Wells

Part II

I. D Harrison
R. H. Mackay
H. U. S. McMichen
M. L. Nancekievill
G. R. Pietroni
J. H. Reynolds
S. C. Wells

Part III

C. J. Bennett
M. T. Fenner
D. M. Gillman
I. D. Harrison
C. J. F. Manning
J. H. Reynolds
M. S. Sorefan
G. C. Taylor
N. O. Yerbury

Part IV

A. Fenn
M. T. Fenner
H. U. S. McMichen
G. R. Pietroni
J. R. McC. Ross
N. O. Yerbury

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Final Examination May, 1972

Miss D. J. Beauchamp
Miss G. M. Broad
Miss S. J. Brooks
Miss A. J. Dalton
Miss J. E. D. Handley
Miss J. A. Johnstone
Miss P. A. O'Brien
Miss C. G. Patterson
Miss M. L. D. Pollock,
Miss L. Ripley
Miss H. L. Smith
Miss A. E. Suttle—Credit

PERSONAL

ANTIBES, COTE D'AZUR—Villa available last week in June, 1st July to 28th July and last two weeks in August. Special rate for Guy's families. Ring Badgers Mount 341.

DENTAL ASSISTANT required urgently for Guy's practice in Sevenoaks. Complete low level equipment and chairside assistance. Own Laboratory. From July. Sevenoaks 54189.

CHANGE OF ADDRESS

Dr. John Crisp, Leicester Royal Infirmary, Leicester.

J. Gaymer Jones, Esq., M.C., M.S., F.R.C.S., Danny, Hurstpierpoint, (from 4th July, 1972) Sussex.

Mrs. S. M. Jerome, Flat 19, 2, Porchester Gardens, London, W2 6JL.

Maurice and Janet (née Jupp) Lea, formerly of Kumi Leprosy Centre and Gula, Uganda. Zimmerman's Cot, Newlyn, Penzance, Cornwall.

Virginia Loly, 104, Crawford Street, Eatontown. N.J. 07724, U.S.A.

Daniel F. Potter, c/o John Lysaght (Australia) Ltd. Western Port Victoria, Australia.

BIRTHS

CONYBEARE—On 10th March, 1972 to Virginia and Martin Conybeare, a son, Edmund Faraday, brother for Catherine and Lucia.

HACKWOOD—On 26th May at Farnborough Hospital, to Jill and John Hackwood, a sister, Jo-Ann, Rosa, for Russell, Duncan and Sara. 15, Bexley Road, London SE9 2UA.

SHELLEY—On 17th May at Bucklands Hospital, Dover, to Hilary (née Goodanew) and Dr. Donald Shelley, a son James Charles.

DEATHS

ALFRED BAKER, 12, Cambridge Gardens, Tunbridge Wells, Kent. Who died 30th May, 1972 aged 86 years, was associated as a Technician with the Physiology Department for 70 years, 1900-1970 when he finally retired.

DENTON—On 2nd May, 1972, Dr. Aubrey Robert Owen Denton of St. Lawrence, Jersey after a long illness. Qualified Guy's Hospital, 1935.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITOR Miss B. M. ORR
NEWS EDITORS C. G. CHINERY and D. I. F. KELLEHER
SPORTS CORRESPONDENT R. W. BURNS
NURSING CORRESPONDENT Miss P. M. JEFFERIES
BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2191

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Kitchens Stink

When governments pass laws they do so for a purpose. That purpose is, in the main, to protect the best interests of the people. One of those interests is their physical well-being. The requirements of people for maintaining their health are more likely to be similar than their requirements for other aspects of their lives. Consequently, legislation imposed to promote and maintain high standards of community health should be less open to claims for exemption than other forms of legislation, notably fiscal.

The case in point concerns the standard of kitchen hygiene; failure to meet such a standard may lead to multiple cases of bacterial infection. To prevent this happening, all non-domestic kitchens are liable to inspection by local Public Health authorities. Exempted from these inspections, however, are the kitchens serving Crown property, which includes Royal residences, the Houses of Parliament and Government departments of which hospitals are a part. In practice, most Government departments open their doors to the Public Health Inspectors, but many hospitals choose to exercise their privilege : not because they consider themselves above suspicion but knowing that they could not meet the required standards and, perhaps, fearing that they could not afford the necessary improvements. Clearly, this exercise of privilege is not an indication of wilful negligence but may cover up the inadequacy of the majority of hospital kitchens. They may be too old, undersized, understaffed, or all of these. If their exemption from inspection were removed, their inadequacies would be revealed and the hospital forced to instigate improvements. Perhaps.

United We Stand

At Guy's, it is obvious to those familiar with the constitutions of the Students' Club and Club's Union Councils that student autonomy is practically non-existent.

By the end of this year two documents will be published which will have an effect on this system. These are the amended proposals on student union finance from the Department of Education and Science and the report on London University governance by the Murray Committee. Both will probably recommend a basic standard Union constitution. In comparison with London and Nationwide College Unions the existing Guy's constitutions could only fall short of these minimum recommendations.

Individuals in the Students' Club Council have worked hard over several years to attempt structural change in the Club's Union, emphasising the inadequacies of the Union. Many have left disillusioned and dispirited through lack of results.

But at last something positive has been achieved. An overwhelming majority, at the well attended Students' Club A.G.M., passed a motion demanding the institution of a Guy's Student Union.

There are several relevant principles in the formation of a Union. The very word signifies that every student should actively participate in college organisation. A Union should be a debating forum for issues affecting students. Each individual's education should not be confined within the disciplines of academic study, but should embrace all aspects of student life at University. Above all, student affairs should be controlled by democratically elected student representatives.

Proposals for reform will be presented to the next Club's Union Council meeting. Ironically, if the Council accepts these plans they will instigate their own dissolution.

The popular desire for reform should not, however, be seen as purely destructive. Each member of a Guy's student union could participate directly in every level of student life—from sport to political resolution. Proposed reforms could initiate the mutual involvement of para-medical students through the union with the University of London. Student unity could, through successful corporate bodies, become an important force in the future of this country.

GUY'S DIARY

JULY

3	M.	1.00	Clinical Lecture. Mr. YATES. "Intensive Therapy—A Clinical Speciality."
4	Tu.	1.00	Clinical Lecture. Mr. BEARD. "Inguinal Hernia."
7	Fr.	1.00	Clinical Lecture. Prof. KEEN. "The Epidemiology of Diabetes in Man."
10	M.	1.00	Clinical Lecture. Mr. MAYNARD.
11	Tu.	1.00	Clinical Lecture. Dr. M. W. DONNER, Professor of Radiology and Radiological Sciences at the Johns Hopkins Hospital. "The Acid Barium Swallow in Patients with Reflux Symptoms."
13	Th.	1.00	Clinical Lecture. Dr. RAKE. "Hepatitis II."
14	Fr.	1.00	Clinical Lecture. Dr. D. W. DONNER. "Cine-Studies on Maternal and Foetal Blood Circulation in the Placenta of the Rhesus Monkey."

NEWS IN BRIEF

2nd M.B. Students

The wording of the notice concerning the "Grant's Atlas of Anatomy" was somewhat ambiguous.

The latest edition of this work will be presented to the author, who must be a pre-clinical medical student, of the most suitable "Passim", submitted to the *Gazette* by 13th July. The student concerned will then be expected to write a short review of the book. "Passims" should be kept fairly short up to about 300 words, and written on any subject, but preferably of medical interest, and of a controversial nature.

Guy's Hospital Students' Club

On Monday, 19th June, 1972, an informal meeting of Presidents and Representatives from the London Medical Schools, took place at Guy's. The meeting was Chaired by Dr. S. Dowling, a Guy's graduate, and Guy's was represented by David Jones, David Mayer and Tony Nicholls.

The meeting discussed the problems of apartheid in South Africa with special reference to the difficulties and hardship experienced by black doctors in that country.

Dr. Dowling spent six months of last year working in South Africa as the only white house officer in the only black medical school in that country. She expressed considerable concern for the conditions under which black doctors trained and worked, and declared that in her opinion, medical facilities available to black South Africans were incompatible with health.

Among the facts quoted at the meeting were :—

1. Only 56 non-white doctors graduated in 1969-70 compared with 364 whites (whites account for about 10 per cent of the population).
2. Dr. Dowling as a white was paid £800 more than her black colleagues.
3. No black doctors were allowed to attend the examination of a white patient, or a white post-mortem.

It was felt that most medical students knew very little about the situation in South Africa and it was decided that an attempt should be made to bring more information to their attention.

It was proposed that :—

(a) Consultants from London Medical Schools who visited South Africa be encouraged to speak up about the system there.
(b) London Medical Schools be encouraged to award scholarships or grants to underprivileged South Africans.
(c) Messages of support be sent from Medical Student Unions to their South African colleagues who were attempting to change the system.

For more information on the subject, contact any of the three students mentioned above.

Presentation of book

Maurice Shellim has kindly presented a copy of his book "The Daniells in India and the Waterfall at Papanasam" to the patients' library.

The book is not just about the artists Thomas and William Daniell, who travelled all over India, some two hundred years ago, and the waterfall at Papanasam, a painting by them, but also includes reproductions of old pictures and modern photographs of India, and the stories behind them.

Dr. Shellim was born in Shanghai, and qualified at Guy's in 1939. Since 1949 he has practised medicine in Calcutta, where he is president of the Historical Society. Further information about his interesting book can be obtained from Mrs. E. Sopher, 6 Rathgar Close, Finchley, London, N3 1VA.

Desmond Gure, L.D.S., R.C.S.

Dr. Hugh Shire

Guy's men (and now women) come in all sizes and in all the variety of disparate interests and activities. Members of the Innominate Club may remember Desmond Gure with his charm and tall elegance; he was a loyal Guy's man. In 1922 he came to Guy's from Brighton College and qualified L.D.S., R.C.S. in 1926. He won the Dental Society Prize and held Dental House appointments; he became Honorary Consulting Dental Surgeon to the City of London Maternity Hospital, before it moved out of the City, and to Lloyds. His intention to go on to read medicine was cut short by the sudden death of his father and he at once took over his father's practice in Cornhill, halfway between the Bank of England and Lloyds where for forty-four years he ran an extremely successful practice. He died suddenly at the age of 64 while on holiday in Brighton.

As a friend for over fifty years and a Guy's man, I want to record a little-known but remarkable fellow Guy. He had a great flair for connoisseurship and became a scholar of international repute in a recondite field which has not yet been fully explored and agreed. As an asthmatic he was rejected for War Service and relieved the tedium of fire-watching by the study of Chinese art and history. This led to the collection of archaic and ancient jades long before The Times-Sotheby Index showed the superiority of profit over aesthetics.

His remarkable eye found treasure in the sale-rooms of London and Paris unrecognised by dealers. His hobby absorbed all his leisure; his studies led to recognition and correspondence with museum savants throughout the world; his reputation grew with publication of original papers on jade and led to an invitation to read a paper at the opening of the extension to the Museum of Far Eastern Antiquities in Stockholm where he was one of the personal guests of the King of Sweden, himself a celebrated Sinologist.

The Gure Collection of Jades has now gone to the U.S.A. where it will be shared by three universities and will be a memorial to the extra-curricular activities of a Guy's man.

The Flint Mill Murder

(A Case of Unknown Identity)

By

PATRICIA ARCHER,

Head of the Dept. of Medical Illustration.

DET. INSP. PETER HOUGH,

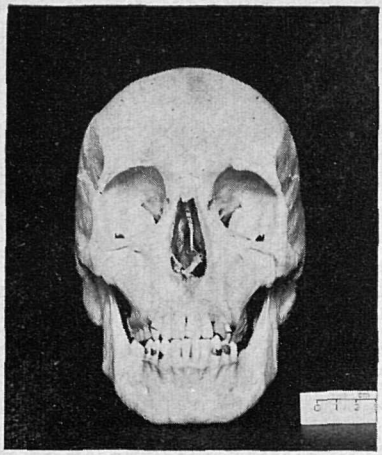
Criminal Invest. Dept., Burton-on-Trent.

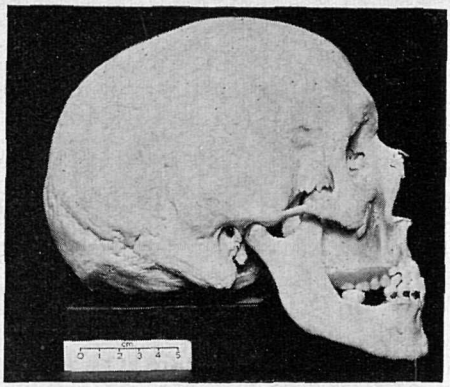
In October 1971, Dr. Keith Mant came to this department with a rather unusual request. He brought with him the skull of a man whose body had been found in a shallow grave near the River Trent in Staffordshire in March 1971 (Fig. 1). So far the police had been unable to establish the identity of the man.

Fig. 1. Location of grave (on right of picture).

Detective Inspector Hough of the Burton-on-Trent Constabulary, in charge of the case, was anxious to give it some nation-wide publicity, as nothing had been discovered locally to lead to an identification. It was decided to publish more about the case in the daily press and on the television and it was for this purpose that Dr. Mant came to discuss the possibility of doing some reconstruction drawings of the head, based on the actual skull which he had brought us.

Three artists in this department made accurate drawings of the anterior and lateral views of the skull as a base on which to build up the soft tissues. We had some photographs taken of the skull but unfortunately, as is often the case in photographs the features appeared flat and this was especially so in the anterior view of the mandible. (Fig. 2a and 2b).





2(a) and (b) Skull, Anterior and Lateral.

I did not think that it would be possible to get a "portrait" of the victim, all we could hope to aim for was a head of the proportions of the person, based on the skull. I thought that we would be very lucky indeed if we managed to get the "right" details of the face.

The skull had been well cleaned when we received it and had no marks of any injury. With it, we had the description of the remains as they were dug up and amongst these notes we found the following items of information helpful.

1. The race of the deceased was white.
2. He was five feet eight inches tall and of slight build.
3. His age was about 29 years.
4. His hair was medium short, brown, no longer than three inches and straight.
5. A partial upper denture was present in position. (fig. 3).
6. He had a Class III occlusion. (Present in only $2\frac{1}{2}\%$ of the population).

A few surveys have been made of the tissue thicknesses at different points on the face and head. (His, 1895; Stewart, 1954; Kallman and Buckly, 1898).

To do this a thin sharp needle bearing a small piece of rubber is passed into the flesh of the cadaver, at right angles to the bone until the point of the needle strikes bone. As the needle penetrates, the piece of rubber is displaced upwards from the point. The distance from point to piece of rubber is then recorded, in millimeters, as the thickness of the tissue at that site.

Kallman and Buckly extended the work of His and in 1898 drew up four descriptive categories of bodily condition, thin (T); very thin (VT); well nourished (WN); and very well nourished (VWN). The use of tissue thicknesses is primarily designed for plastic reconstruction, i.e. the modelling of a bust.

It would have been interesting to have modelled the head but to

get an accurate representation it would have been necessary to have built up the soft tissues on the actual skull, rather than make a cast, as there is usually some shrinkage and distortion in casting.

We found, on studying the Kallman and Buckly tables that the range of variation between the males (VT) and (WN) was quite large. For example: —

Root of upper lip	maximum	14.7	minimum	8.3 mm
Chin prominence	„	13.0	„	5.0 mm
Front of masseter	„	12.0	„	2.3 mm
Mid-masseter	„	24.5	„	6.3 mm
Highest part of zygomatic arch	„	7.8	„	1.8 mm

In reconstructing a head there are a number of features one can certainly "place". It is possible to relate the eyeball to the bony orbit. Some idea of the length and profile of the nose can be obtained from the bony structure and its relationship to the upper lip and nasal canals, etc. The ear can be located—the top of the helix is usually on a line with the eyebrow, whilst the bottom of the lobule is on a level with the ala and is therefore roughly nose length, but ear size and proportion can be extremely variable. The width of the mouth is approximately the same as the interpupillary distance. So, certainly eyes, nose, mouth and ears can be reconstructed as part of a physiognomic restoration, but details of colour, of expression, of eyebrows and all the sublities of the living appearance can hardly be recreated. I think that all one could hope to do was to re-create a head, a general shape, in fact, which we hoped might just resemble someone enough to appear familiar to relatives or friends. (fig. 4a and 4b.)

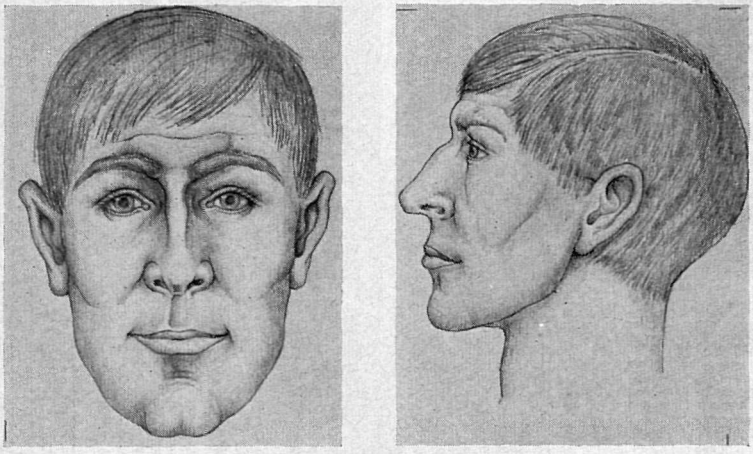


Fig. 4(a) and (b). Facial reconstruction.

As you will read in the following report the victim has not yet been identified but the field has been narrowed down to about fifteen named individuals of about his age. However, one drawing resembled a man in Monmouthshire, to such an extent, that he was kept busy on the telephone, for some days, reassuring his relatives and friends that he was "alive and well"!

Patricia Archer

POLICE ENQUIRIES: Can You Help?

PARTIAL DENTURES FOR CLASS III OCCLUSION

HAVE you made any partial upper dentures for patients with a Class III occlusion during the last five years? If so was the upper right first molar immediately replaced by the denture? Should the answer be yes then you may be able to help the police with the identification of a body recovered from a shallow grave at Burton-on-Trent in March this year. Despite extensive enquiries the body has not yet been identified and the police would be very grateful if you would search your records to see if this was your patient.

The deceased was a male aged 25 - 35 years approximately 5ft. 8ins. tall, slight build and small hands with a 9ct. barrel style ring on the right ring finger. His hair was medium brown, and had been cut short. Post-mortem examination failed to reveal any obvious cause of death but indicated that the body had been buried within the previous 9 to 12 months; murder has not been ruled out.

The only open carious lesion was in the lower left second premolar which had a large mesial cavity; the missing teeth and restorations were as shown on the chart (fig.1) Minimal loss of supporting bone and negligible deposits of calculus suggest that the periodontal condition was good. The characteristic features of these jaws are the partial upper denture and the Class III occlusion (figs. 2 and 3). The partial upper denture is constructed in veined acrylic resin with two stainless steel clasps and a well extended denture base is cut away from the palatal aspects of the upper anterior teeth. The teeth are of acrylic resin and the upper left canine is proclined and ground mesially because of the occlusion. There are no indentification marks or relief areas on the denture but there is a post-dam and in addition the appearance of the fitting surface indicates that an upper right molar was an immediate replacement.

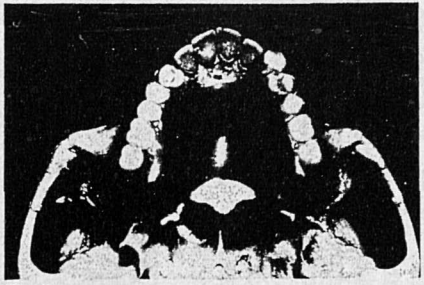


Fig. 2

Fig. 3

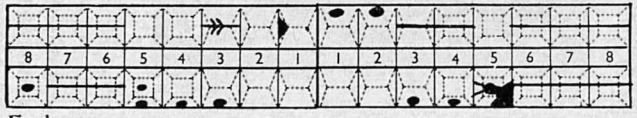


Fig. 1

Any practitioner or technician, who believes that he may be able to help with the identification of this body is asked to communicate with the Chief Constable of Staffordshire and Stoke-on-Trent Constabulary, Stafford, telephone 0785 3311.

Fig. 3. Police Notice inserted in "Dental Practice".

Reprinted from "Dental Practice" by Powysland Newspapers Ltd., Shrewsbury.

POLICE REPORT

The Police first had notification of this case at 7.20 p.m. on Friday, 26th March, 1971, when a single man of 25 years, rang the C.I.D. Office here and said that he had found a skull in the ground and having revealed it slightly more by scraping with a spade, was convinced that it was attached. (fig. 5). A brief examination confirmed that it was a human skull and our own local Pathologist, who joined us at the scene, decided to set about it at early light the next day.

Fig. 5. Skull, as it was discovered.

The earth surrounding the body (as it turned out to be), was carefully dug away without any difficulty (it was a mixture of ash and soil) and the result of the digging can be seen in the photographs. The

Fig. 6. Body in position.

body was left in position until the arrival of Dr. Mant, who happened to be in the Midlands. (fig. 6).

The body was taken to the Mortuary, where Dr. Mant performed a Post Mortem examination. He concluded that the body was that of a male, aged "late twenties" 5ft. 8ins., slight build, with short medium brown hair, and that the body had been in the ground for something like six to twelve months.

The only item of clothing found on the body was a pair of ankle socks. The ankles were tied together and the hands were tied at the wrists behind the back.

The deceased had undergone fairly extensive dental treatment and there was a partial upper denture in position. There was a lady's 9 ct. gold plain band wedding ring on the *right* ring finger.

The site where the body was found is secluded and public access is restricted. A very ancient Flint Mill once stood on the same site and some of the remains, although very much overgrown, can still be seen. It is quite near (about 200 yards) from an arm of the River Trent. It is about a mile from the town centre and just off a "B" class road, which leads to Repton and eventually Derby.

Having regard to the choice of site, there is every reason to think that those responsible for the burial had some local knowledge. The spot was ideal and had the body been buried in the conventional manner, then I doubt whether we should have ever known about it. As it is, I think that vermin having detected the smell, scratched away to reveal the dome of the skull, hence the discovery.

Our first thoughts then were to examine local records of missing persons and afterwards ask for every Force in the Country to do likewise. Altogether 72 Police Forces in this Country have submitted names of missing males in that age range, with the result that we have satisfactorily eliminated over 500. The essential means of elimination, and I hope identification in due course, have been—

(1) *Fingerprints*:

Fingerprints in sufficient detail, for our purposes at any rate, were recovered from the deceased and this method therefore, has been both foolproof and invaluable in those cases where the person reported missing has had a Criminal Record.

(2) *Dental Data*:

A good many have been eliminated through this means, although by no means conclusive in a lot of cases, e.g. where the chart in possession of the Dentist last known to have treated the subject does not match that prepared by Mr. Ashley. Subsequent treatment by another unknown dentist may have brought it into line.

(3) *General Physical Description*:

In due course, Dr. Mant caused the pelvic bones to be aged in the Smithsonian Institution, Washington, U.S.A. by the Chief Anthropologist. We were given a mean age of 29 years, 2 months, with an extreme age of 23 to 39 years. This supported Dr. Mant's very early opinion.

Other developments of interest during the investigation were first of all the identification by the Manufacturers of the wedding ring, (Henry Showell & Son, Park Lane, West Bromwich), who placed the date of manufacture in the 1967/8 period.

Details and photographs of the dental treatment were published in the Dental Press (B.D.J. Probe, Dental Technician, Dental Practice), but not one response was received as a direct result, and following preparation of the artist's impressions, a great deal of further publicity was received. The skull and I made personal appearances on the B.B.C. Television Programme "Nationwide" on 11th November, 1971, and on I.T.V. News at Ten, the same night. The following day, the National Press also gave it publicity and on 30th November, 1971, Independent Television made a feature of the enquiry and included it in their "A.T.V. Today" Programme. Patricia Archer also took part in this programme and showed the skull and the drawings reconstructed from it.

We were also allocated a stand at the Dental Exhibition (Dentalex) at the Old Horticultural Hall, Westminster, on 10th, 11th and 12th December, 1971. That also received a great deal of attention in the Press and also from those visiting the Exhibition.

A small, but yet significant clue came to light as a result of the television programme and this was the discovery of the manufacture of the socks the deceased was wearing. (fig. 7). Full technical details were published in the June, 1971, issue of the Hosiery Trade Journal, but again there was no response.

Fig. 7. Socks and twine on the feet of the body.

A lady living near to Rugeley, Stafford, who was watching the "A.T.V. Today" programme, telephoned and said that she was fairly certain that the socks she saw on the programme were identical with a pair she had brought from a Market Stall in Burton-on-Trent.

As a result, we were able to trace them back to a small firm in Leicester, who identified them and confirmed that they turned out

about 55 dozen of the brand found on the body and that they were not available until late September, 1969. In fact they did not come on the market in Burton until 10th February, 1970, which again supported Dr. Mant's initial opinion as to the length of time the body had been in the ground.

The twine round the wrist and ankles was more or less identified, but not with 100% certainty. The analysis however, showed that it was a polypropylene material used mainly in industry for tying bundles of steel tubing and bundles of rubber.

We have naturally concentrated our efforts on the Dentists in the immediate vicinity, but none of them claims responsibility for the treatment. We have extended our enquiries at Dental Surgeries and Laboratories over an area to correspond with the distribution of the socks, i.e. the East Midlands, but again without useful result.

The general opinion of those professional people we have seen in connection with the dental treatment is that the fillings and plate are British in origin and that the treatment was carried out under the National Health Service.

It follows that the answer to our problem probably lies in the records kept by the Dental Estimates Board at Eastbourne, but a physical search there is out of the question, as they receive about 500,000 claims weekly. They are able to help us however, with eliminating a given individual, provided we can supply sufficient detail, such as his full name and personal particulars and also where possible, the name of his dentist, or failing that the zone (area) in which he is likely to have received his treatment.

We are left with about 15 named individuals in that age range who fit in a general respect, but about whom we have insufficient detail, either to eliminate or to identify them by.

I quote one example where a Londoner, a single man of the right age and general physical description, (no dental information available), booked a caravan holiday on the Ise of Skye in August, 1968. He arrived at the caravan, but some time during the first week of his holiday, a local farmer, on visiting the caravan, found it vacant. The young man's personal possessions had been left. There were no signs of dis-array and there was no suggestion that he had prepared to leave or had left in a hurry. He has never been seen since. His name, of course, remains in the list of "possibles" and from that you can see that it is going to be very difficult ever to eliminate him.

Detective-Inspector Peter Hough.

Acknowledgements for photographs, Criminal Investigation Department, Burton-on-Trent. Dental Practice, Department of Medical Illustration, Guy's Hospital.

Detective Inspector Hough may be contacted at Burton 5011.

OBITUARY

J. S. Bookless, B.A., M.B., B.S., F.R.C.S.

Mr. J. S. Bookless, a former Consultant Ophthalmic Surgeon to Croydon General Hospital, died on 26th May. He was 94.

John Smeed Bookless was born on 5th March, 1878. He was educated at Christ's College, Brecon, and Eastbourne College. He went up to Trinity Hall, Cambridge, in 1897 with a mathematical scholarship. Only after he had left Cambridge did he decide on a medical career. He entered Guy's Hospital Medical School in October, 1900. He was a dresser to Sir Alfred Fripp, Clement Lucas and Mr. Jacobson. He was medical ward clerk to Dr. Herbert French. He was also Captain of Cricket and once had the great privilege of taking the wicket of Dr. W. G. Grace. Among his contemporaries were Arthur Hurst, Arthur Zorab, Alec Tolhurst, Teddy Morgan and E. G. Slesinger.

After qualifying M.B., B.S. in 1906 he became clinical assistant to Sir Cooper Perry and then assistant house surgeon to Bobby Rowlands. He entered general practice at Sawbridgeworth in 1907 and joined Dr. Collins in partnership. However, he returned to Guy's Hospital in 1911 and worked for his Fellowship. At the same time he began the study of ophthalmology in the department of Mr. Ormond and Mr. Eason. He became F.R.C.S. in 1913 and in 1914 he started to practice as an ophthalmic surgeon in Croydon. In 1916 he was commissioned in the R.A.M.C. with the rank of Captain and went to France as ophthalmic specialist. During the next two years he was treating eye casualties mainly at Ophthalmic Hut, Le Havre.

In 1919 he returned to Croydon. At the same time he was a clinical assistant in the ophthalmic clinics at Guy's. In 1922 he became consultant ophthalmic surgeon to Croydon General Hospital. He was subsequently appointed to the staffs of Queen Mary's Hospital for the East End (now Queen Mary's Hospital, Stratford), and Fulham, Mayday (Croydon) and Purley Hospitals. In 1924 he commenced practice in Harley Street and continued there until his rooms were destroyed in the blitz. He also assisted in the school clinics in Croydon and also undertook some sessions for the Ministry of Pensions.

In 1929 Mr. T. Emrys Davies, from St. Thomas's Hospital, came to assist and he became a partner shortly afterwards. Together they were a happy and productive team. Between 1940 and 1945 they worked together attending eye casualties resulting from the blitz.

He retired to Crowborough, Sussex, in 1946

In 1934 he became Chairman of the Croydon Division of the British Medical Association, and a year later he was President of the Croydon Medical Society.

In the course of a busy professional life Jack Bookless still managed to keep in personal touch with numerous relations and a wide circle of friends. There were a number of Guy's men in both these categories.

He enjoyed golf, tennis, badminton and bridge. He relished a long and arduous walk and he loved Scotland, particularly the Cairngorm mountains. He was a sidesman at Croydon Parish Church for some years. In his later years he enjoyed ornithology and bowls. After his 90th birthday he continued to be actively involved with the Colonial and Continental Church Society and the Officers Christian Union and he still attended evening classes.

He was exceedingly generous. He was a fine example of a cultured, Christian gentleman.

In 1907 he married Nora Evelyn—daughter of John Bartlett of Sidcup. They had three sons, one of whom is a Guy's man. His first wife died in 1961, four years after their Golden Wedding. In 1964 he married Joyce Proud of Douglas, Isle of Man, a family friend for 43 years, who survives him.

A.S.B.

BOOK REVIEW

FUNDAMENTAL PHYSICS OF RADIOLOGY by W. J. Meredith and J. B. Massey, 1972. John Wright and Sons Ltd. £6.25.

The first edition, published in 1968, soon established itself as a standard textbook for radiologists and radiographers.

The first section (General Physics) discusses accurately and straightforwardly some aspects of atomic structure and radioactivity, how X-rays are produced, how they react with matter and comments on their measurement and doscimetry.

The second section (Diagnostic Radiology) discusses the X-ray film and its formation. This edition contains a new appendix on the mathematical derivation of the rather complex Modulation Transfer Function, which allows the sharpness of the image on an X-ray film to be defined numerically. The section continues to describe X-ray tubes and electrical circuits associated with them.

The third section (Radiotherapy) discusses how to apply known doses of ionising radiation to predetermined volumes of tissue in the body, either by external beams "teletherapy" or by implants or systemic ingestion of isotopes. There is a new chapter (The Treatment Prescription) describing in some detail how external beams can be balanced to give uniform doses to the required volume and minimum doses to surrounding normal tissue. There is also an enlarged chapter on treatment with particle beams (as opposed to protons); these may be charged (e.g. electrons, protons or the exotic π mesons) or uncharged (neutrons). The section ends with an enlarged and very useful chapter on radioactive isotopes.

The last section is a short but important one on radiation protection.

Apart from some minor errors (e.g. the table on p. 465; incorrect atomic number of strontium on p.586; an incorrect series in the legend to figure 449C), the book is well produced, and is strongly recommended to those preparing for the first parts of the D.M.R. or the new F.F.R. exams, or for the membership or higher examinations of the Society of Radiographers.

P. J. WINTER

Profile on Parent-Hospital Communication

We invited Mr. Peter Klashort, a porter at the Evelina Children's Hospital, to contribute to a symposium on parent-hospital communication, at the Section of Paediatrics, the Royal Society of Medicine. Unfortunately Mr. Klashort was unable to come, but we know it will be of interest to some to read about his experience. There is little doubt that anybody in his position can make a real difference to the morale of a mother, worried about her sick child.

In these days of training programmes and detailed instructions on what to do, how and when, emanating from remote central sources, it is refreshing to know that some are getting on with their job, and not only carrying it out well but spontaneously doing so with such deep understanding, humanity and sympathy.

M. C. Joseph

My Experiences with Parents

As I am the head porter, who also works on the switchboard and front lodge, I am the first person parents see when entering the hospital with their children, so I try to make them feel at home.

Naturally most parents are upset, especially if it is an only child, or if it is the first time away from home.

I do my best to make them feel at ease, by asking the child's name, or the name of a doll or teddy bear that the child may be carrying.

If the mother has a child who seems a bit too heavy for her, I take it and carry it to the department concerned.

Also on the telephone, parents ring through enquiring the condition of the child, we try to be as polite and sympathetic as possible, knowing the parents are upset.

A mother whose chi'd had died, came to me and asked me to put a silk dress on her, only because I had known her as a patient for a number of years, and she did not want anyone else to touch her. In the event of death I put the parents in a waiting room, then get them a cup of tea, or give them a cigarette.

At times parents leave other children for me to look after whilst they are visiting.

I usually help the parents of spastic children by carrying them to the Physio Department.

If parents come to me and complain that they have to wait any length of time in a clinic or the casualty ward, I usually manage to settle them by explaining that the doctor may have been held up on a particular case.

I am asked what different consultants are like, and do I think they are any good or not or if they know their particular job properly. They have even asked what Dr. Mac Keith is like, and I have told them.

When a child has an operation, the parents may be waiting and

they come and have a chat with me and ask if I think everything will be alright.

Sometimes a child is brought in by ambulance and the mother, in a hurry, has forgotten her purse. I then ask her if she has her fare home and if not I give it to her. It is usually only a shilling or two, but they are very grateful for it.

Parent-relationship is very good at the hospital. I have bought an electric kettle and teapot so that when parents are a little upset I make them a cup of tea.

We are sometimes invited to the child's birthday party at home, and on numerous occasions have been asked to attend a funeral.

BOOK REVIEW

BAILEY AND LOVE'S SHORT PRACTICE OF SURGERY 15th Edition. Edited by A. J. Harding Rains and W. Melville Capper, Published by H. K. Lewis and Co. Price £6.50.

The sixteenth edition of this bulky and pale book carries on the traditions of Bailey and Love in their inimitable and racy style. Already the most widely read textbook of Surgery at both undergraduate and post-graduate level it hardly merits the title "Short". There is however never a dull moment in perusing the 1,296 pages so liberally illustrated, and the maintainence of its successful recipe will ensure continued success. Even where extensively re-written, as in the sections on the thyroid, and orthopaedics, the almost anecdotal presentation is retained. Updating has been successfully achieved with the aid of several new contributors and any difference in style is scarcely detectable thanks to the editors.

Several points are worthy of mention. Maurice Raynaud described a phenomenon not a disease (Chapter 7) and this misnomer should surely be deleted. Antitetanic serum (Chapter 1) is no longer generally recommended for routine tetanus prophylaxis in this country since the mortality and morbidity involved are greater than that from the disease itself. Low dose administration of renally cleared antibiotics in oliguria deserves mention in an otherwise useful summary of their use (Chapter 1). Mention of Transplantation is of necessity brief in such a crowded volume (Chapter 5). Figure 1,312 is likely to mislead most of those for whom it is intended (Chapter 49 Hernia).

It would be nice to see a Section devoted to the acute abdomen. Retention of the principle of small type for the extras demanded by post-graduate study is useful, but in places confusing, as some of the extras are really basic.

This book represents extremely good value for money even for the undergraduate, and the publishers and revisers are to be congratulated on a first class production in this age of the pictureless paperback. Sad it is to relate that Mr. Melville Capper is no longer with us to receive his congratulation.

R. LALLEMAND

NURSING

There is no nursing column this week. Instead, Miss Pamela Jefferies has answered the comments expressed in the article of the last edition entitled "Should Children Visit?" in the Correspondence section.

CORRESPONDENCE

Should Children Visit?

SIR,—I have read with great interest the comments published in your last edition, upon an article written by myself one year ago. I feel that in view of these I might be permitted to make a further statement.

I agree entirely with the views expressed, but do feel that Miss Vernon has totally overlooked one very important point which as a nurse she should have appreciated.

The fact is that wards are frequently left under the charge of only two nurses, neither of whom is trained, for as much as eight hours at a time. Therefore, the caution for which I called was intended as a plea for assistance for these people.

As a paediatric nurse who feels very strongly that free visiting should be available to all patients, I am very much aware of the work entailed. It is essential for a senior member of staff to be constantly available, to control the situation, and also to talk to parents. In this case the parents would not be sick, but would still wish help regarding the problems of their children. Student nurses are not usually able to undertake these responsibilities and thus difficulties may well occur. Under proper conditions however, children should be permitted to see their parents as the effects of separation are well known, and patients cannot be treated as individuals completely divorced from any family connections.

With regard to infection I would contend that this can prove a problem where infants are concerned. I have in fact seen a child die as a result of infection after visiting a hospital. Again, however, under adequate control the situation can be managed. The only real need it seems is for adequate numbers of suitably enlightened trained staff, in order to produce a suitable situation for children to visit their parents.

Yours sincerely,

PAMELA M. JEFFERIES

Flat 3,
Shaftesbury House,
Trinity Street,
London, S.E.1.

Thoughts For Student Nurses

SIR,—May I have some space in the *Gazette*?

A senior medical student expressed his views recently in theatre with regard to shaving of patients.

"Shaving is not for medical students. It's a menial task and should be done by nurses. After all, students have better things to do and are here to learn. Nurses are here to work".

This is a rather alarming statement. It would be interesting to know just how many people at Guy's hold the same view ?

Many thanks,

EILEEN DIXON.

Main Theatres,
Guy's Hospital,
London, SE1 9RT.

Machines, Medicine and 2001 A.D.

SIR,—At the end of Derek Stubb's article "Machines, Medicine and 2001 A.D." he says that he would be glad to answer correspondence on whether we can live with machines which are cleverer or more creative than we are. "Cleverness is dependent on adroitness in the use of a good memory. The better the application of memory the cleverer the person, so long as it is used in conformity with the thinking of the day."

"Creativeness" is dependent on adroitness in the use of the mind beyond conformity because novelty cannot be displayed within conformity. Creativity cannot take place by the process of permutations and combinations within the constituent parts of an already established conformity. Creative thinking cannot be simulated by any machine because no machine can work in any other way than that by which it functions by design.

The human mind has got a little of this intuitive ability in that it only partially functions like a machine. If a man uses a machine his work is machine-like and when this is so he grows a mind like a machine. It is then that he loses his simplicity and then becomes unsure in the strivings of his soul. This causes tensions to arise in his mind. It is that I am ashamed to use such things, said the Chinese sage and not that I do not know of them.

Is it not in this lack of creativity, lack of intuition and the enforced conformity of machines that the dangers of their use in Psychiatry lies as opposed to their use in physical medicine?

It was because of this computer type of unimaginative thinking that Dr. G. M. Carstairs was led to characterise Indian behaviour patterns as pathological.

No Sir, we cannot live with such machines but only exist like them.

With metta,

O. BALEAN

Harcourt,
13, The Ridgeway,
Chatham, Kent.

Appendicitis in the Good Old Days

SIR,—I was greatly interested to read in the *Gazette* (20.5.72) Mr. H. C. Dixon's vivid account of his acute illness at the beginning of this century, more particularly so as I am an exact contemporary and was reared in the adjacent "village" of Forest Hill.

He was obviously well looked after, which is not surprising as his two doctors were members of a firm of high repute in South London—Stewart, Carpineal, Blatherwick and Batten—Group practice being of course nothing new.

As to "Chubby" Fagge's fee, this was the current rate—*vide* W. E. Tanners' Life of Arbuthnot Lane, page 11.

I have seen straw laid in the roadway in London on a number of occasions —it was very effective as even the passers-by on foot spoke in hushed voices!

Yours sincerely,

T. S. ALLEN

Pantiles,
Shirley Drive,
Hove.

Summer Fete

SIR,—I believe your readers—and in particular the many who gave us help and support in a variety of ways will wish to know the outcome of the Summer Fete held in the Park on Wednesday, 14th June. The sum of £3,150 was raised so that as well as providing what is needed to start the unit for the Rehabilitation of the Disabled, the proceeds will enable us to buy a number of much-needed extra comforts for the patients.

It is impossible to thank personally everyone who helped, but I hope that anyone concerned to whom the Officers of the Friends have not written already may read this and accept our most sincere thanks.

Yours faithfully,

M. K. SALMON,
Hon. Secretary.

The Friends of Guy's Hospital,
Guy's Hospital,
London S.E.1.

Sports Correspondence

SIR,—I was very pleased to read your article in the *Gazette*, 16th June, as I think it brings many important points to light.

I came to Guy's having given up many years to training and playing and felt like a year off. During my second year here I again experienced the urge to play but found there was little spirit or team continuity. It was to try to find these that the Artists were formed.

Social teams seem to be regarded as a rather "yobby" element only in it for the beer by the "serious" players, instead of the symptom they really are. The 3rd XV captain was even forced to play for the Extra Beers and Artists at the end of last season in order to get a game.

The clubs within the club will remain and draw players until spirit of some sort is regenerated. I suggest for a start more open team selection, and a final time, say Thursday lunch time, beyond which players cannot be taken from a junior to a senior side.

Yours etc.,

MARC ROWLAND.

East Wing.

SIR,—I would like to challenge some of the statements and accusations concerning the Rugby Club which you made in your Sports Comment in the *Gazette* of 3rd June, 1972. You state that the club was lucky to raise three sides throughout last season, In fact we usually fielded five and often six fifteens each Saturday, for we regard, unlike yourself, the Angels, Artists and Ex-Beers to be our Junior teams, who participate in the fixtures arranged by the Club. One of these sides early last season called a meeting with club officials to discuss ways of improving communications within the club and expressing their wish to co-operate. Following the meeting, the Annual General Meeting accepted a proposal that the captains of all teams would sit on the Club's committee for monthly meetings. This facility would allow for the discussion of selection of players and general organisation within the Club. If there was a failure at times of the team's representatives to attend those meetings, even though notified, then as you state communications would be poor—but not the fault of Club officials. Fair selection of teams is always difficult, but if a player thinks he has been unjustly left out without explanation, then if he is keen enough on his game surely he will want to ask for the reason why, and as stated above the channels for these complaints do exist. The undertaking of serious training and exacting matches by members of the 1st XV has never been the luxury of a privileged few, nor has the participation in that portion of the Club's budget that supports their efforts. The former are demands made on anybody who would like to play 1st XV rugby for Guy's.

These considerations bring me to the major criticism of your article. For a Sports Editor to imply that the best enjoyment in sport can only come socially and by indulgence in an unconventional summer pastime of six-a-side football is I think very naive. Surely, it is accepted, that whilst an alternative relaxation is welcome at times, that a measure of enjoyment and satisfaction from team games comes from the realisation of the need to train, practise and rehearse, understand the role of other members of the team, and then to occasionally pit one's own against another team with perhaps a reputation more superior to one's own and overcome them. This is what members of the 1st and "A" fifteens attempted to do for example in their approach to the Cup matches of last season, which included regular Sunday morning training. Although a weekend 1st XV went out in their semi-final, I am sure that members of the "A" XV will not deny the measure of enjoyment they received on winning their Junior Cup competition.

Yours sincerely,

I. A. BAKER,
Hon. Secretary, G.H.R.F.C.

Guy's Hospital Rugby Football Club,
Guy's Hospital,
London Bridge, S.E.1.

SPORT

SPORTS COMMENT

In reply to Dr. Baker's letter let me first assure him that I do not consider playing in a six-a-side football, or any other friendly competition within the Hospital, to be the ultimate in enjoyment; or winning it the ultimate achievement. If either were true it would be an introverted and unambitious approach. Perhaps I should have said that these games epitomised the best of attitudes in a social sense. Certainly the games were on the whole played in a tremendous spirit and the competition is here to stay.

I agree that this type of activity bears little relation to the discipline of a side preparing to play Bedford or Coventry at rugby but it is in demand as the response to the competition indicated. (Congratulations to the rugby club side that won it !) If the student attitude is changing it is not against sport but against training and practice and I suggest that this new student "class" should be catered for. It seems that we shall all have to wait for celestial playing fields before professionalism and sociability are compatible.

As for my criticisms of the rugby club I think Dr. Baker has presented a reason (but not an excuse) as to why team selection was inadequate. Evidently the only meeting of officials was once every four weeks and then not for selection purposes, and not everyone attended. Was there no officially convened selection committee meeting every week and if not why not ?

It is a fact that the lower sides have asked for fixtures nearer home in the past, but this should not mean that they get no travel subsidy. It can still be quite expensive travelling across London to "local" sides, and, as I pointed out in the *Gazette* on 8th April, to freshmen new to London it seems particularly expensive.

Finally, concerning the relationship of the Artists, Angels and Extra-Beers to the club. The opinions of Dr. Baker or myself are inconsequential compared to that of the players themselves, and this has been answered by Marc Rowland.

ROGER BURNS.

CRICKET

FIRST CRICKET v. DOVER

3rd June.

The annual cricket weekend in Dover on 3rd and 4th June was partly spoiled by the poor weather. Only one of the two scheduled games was played and that was restricted in time and played through a persistent drizzle.

The one game was against Dover Cricket Club, it did not start until 4.30 p.m. because of the wet pitch and was only 30 overs per side.

A good Dover side was kept down to 123 runs for the loss of eight wickets in their 30 overs. The Guy's bowling was accurate throughout despite the wet ball and the fielding was of a very high standard. Owen, Mills, Kay, McLauchlan and Jones all bowled well and shared the eight wickets between them. Fitton woke up momentarily to take a brilliant diving catch at mid-on.

Guy's batted in increasing gloom and lost their early wickets at a steady rate. Only Winter survived for any time to score 18. The acceleration in the scoring came rather too late, but 47 not out from Rees meant that Guy's were only 19 runs behind the Dover total with eight wickets down at the end of 30 overs.

The all-day game against Highland Court the next day was never started because of the rain.

Team : J. Rees, M. Winter, R. Fitton, S. Taylor, J. Wright, C. McLauchlan, P. Kay, R. Jones, D. Mills, A. Cooke, G. Owen.

GUY'S v. BANK OF ENGLAND v. ST. CHRISTOPHER'S

Tuesday, 6th June, at Roehampton.

Guy's won by 74 : 67 : 42 points.

After another very conclusive win at the U.H. Championships for the ninth year in succession, Guy's were determined to make their mark in this, the first in a series of matches against Southern Counties Clubs this season. This fixture also heralded a new era for Guy's A.C., as it was the first time in the living memory of any of our practising athletes, including such immortalised institutions as Jones and Shutes, that Guy's had actually ventured outside the tentacles of the London Hospitals to seek fresh prey for their indulgencies. This move was also made to ensure that at best we would have another team to play when we turned up to a fixture, which has not occurred very often in the past with other hospitals as our opponents.

The sun was shining in a blue sky when we arrived at Roehampton, and continued to do so throughout a very pleasant evening, on a grass track which was in perfect condition for the match. Guy's took advantage of the situation, winning 3 out of the 5 track events. Roger Nichols won the 100 m. in 11.3 secs. and then went on to repeat his victory in the 200 m., in a time of 23.4 secs. Rob Forber flashed round the 400 m. to take first place in a time of 52 secs., closely followed in second place by Nichols.

Barry Jones ran in both the 800 and 3000 m. being placed 3rd in each event, and only 3 secs. behind the winner in the "half-mile". Mike Browne, although in his second year at Guy's, put in a first appearance for the club, and made determined efforts in both the 800 and 3000 m.

Guy's gave a superb display of their prowess on the track in the 4 x 100 m. relay, which the team of Forber, Portelly, Brame and Nichols completed in 46 secs., lengths ahead of the opposition.

In the field events, Kevin Shepherd set a new ground record in the Javelin with a superb throw of 202 ft. 6 ins., and then went on to win the Shot with a throw of 11.5 m. In the Long Jump, "fresher" Chris McLauchlan ensured another first for Guy's with a tremendous leap of 21 ft. 4 ins.

The final result showed Guy's achieving yet another victory over strong opposition, and enjoying the fine display of hospitality shown by the Bank, who provided us with copious supplies of food and drink for our efforts.

KEVIN BRAME

GUY'S v. SOUTH LONDON HARRIERS v. BLACKHEATH HARRIERS v. SURREY BEAGLES

Wednesday, 14th June, at Tooting.

Guy's won by 33 : 29 : 12 : 29 points.

This match was to prove the toughest test of our resourcefulness as a team so far this season. With a scoring system which allowed only one athlete per club to score in each event, and an events list which omitted a couple of our "sure firsts", we were a little apprehensive as to what would be the outcome. However, we somehow managed to pull through, and clock up our third victory in three matches, giving us a hundred per cent record so far this season.

The first Guy's man home in the 100 m. and 200 m. was Roger Nichols, who won both events in 11.6 and 23.1 secs. respectively. Rex Yetton and Tony Portelly came close second and thirds in the 100 m. and Chris McLauchlan made brilliant ground in the 200 m. to gain 2nd place in 23.9 secs. Had a normal scoring system been adopted, we would have most certainly won the match by a much greater margin!

Rob Forber ran a brisk 400 m. to gain second place, and Gareth Hughes wasn't far behind in 5th place. Barry Jones, though suffering from a strained hamstring, did some determined running in the 800 and 3000 m., coming in 3rd in the 800 and 6th in the 3000 m. Mike Brown pulled out another good performance and improved his times in both the 800 m. and 3000 m.

Guy's again proved their capabilities on the track in the 4 x 200 m. relay, winning the event in 94.2 secs., at least 50 yds. in advance of the other teams who never really looked in the race.

Chris McLauchlan once again won the Long Jump with a 20 ft. plus leap, and showed his versatility by being placed 4th in the Triple Jump as well.

The club would also like to take this opportunity to congratulate Kevin Shepherd and Rob Forber on their achievements at the B.U.S.F. Championships in Edinburgh this year. Kevin won the Javelin against fierce competition to retain his title of British Universities Champion for a second year, and Rob was placed 4th in the 400 m. hurdles finals. Well done!

KEVIN BRAME

GOLF

MATCH v. DENTAL STAFF

Thursday, 25th May, 1972, Selsdon Park Golf Club.

The annual encounter between the dental students and dental staff took place at Selsdon Park Golf Club on 25th May.

The students were strengthened by Messrs. Baker, Burley and Harper as tactical substitutes, and over lunch were anticipating having to fight "tooth and nail" with the staff.

The weather for once was comparatively kind, the rain only starting to fall at about 4 o'clock.

The match was played as seven four-balls and resulted in a win for students by 5—2. Most of the matches were extremely close with four of them going to the last green.

Our thanks go to the staff for a most enjoyable day's golf and also to Mr. Baker for organising the day so well, which we all thoroughly enjoyed.

RICHARD IBBETSON

Correction

The officers of the Soccer Club in the *Gazette* on 3rd June were those for 1971-72. Those for 1972-73 are:

1st XI Captain, Paul Coley; Vice-Captain, Jim Ramsey; Fixture Secretary, Geoff Barker.

2nd XI Captain, Dick Walsh; Public Relations Officer, Kevin Brame; Treasurer, Mick Brummel.

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited from dental or medical graduates for the post of **Junior Lecturer/Lecturer** in the Physiology Department. There are excellent facilities for research in co-operation with clinical departments. Salary, according to experience and qualifications, in the range of £2,082 to £2,676 (Junior Lecturer), or £2,676 to £3,999 (Lecturer) plus L.A. and superannuation. Application forms are available from and should be returned to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **17th July, 1972.**

Guy's Hospital, London, SE1 9RT, not later than **14th July, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Resident Senior House Officer** in Anaesthetics from 1st September, 1972, for a period of six months in the first instance. Applications naming two referees or enclosing two recent testimonials should reach the superintendent, Guy's Hospital, London, SE1 9RT, not later than **14th July, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** (Medical) to the Renal and Transplant Units to commence September, 1972, for a period of six months. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **14th July, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to the Thoracic Surgical Unit (Resident) at Guy's Hospital, commencing 1st September, 1972, for a period of six months. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **14th July, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Dermatology for the six months period beginning 1st September, 1972. Applications naming two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **14th July, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Resident Obstetrician** (S.H.O. Grade) for the period commencing 1st September, 1972, for six months. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **14th July, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Casualty Officers** (2) (Senior House Officer grade) at Guy's Hospital for the six months period commencing 1st September, 1972. Detailed applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **14th July, 1972.**

HOUSE APPOINTMENTS

1st September, 1972

Applications are invited for the following house appointments due to begin on 1st September, 1972. Forms of application are obtainable from and should be returned to Mrs. Webster, Medical Staffing Officer, not later than **20th July, 1972.**

The following house appointments will be for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment:—

House Physicians 3
House Surgeons 3
Throat and Ear House Surgeon 1
Gynaecological House Surgeon 1
Orthopaedic House Surgeons 3

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's or elsewhere:—

House Physician 1
House Surgeon 1
Children's House Physician 1
Genito-Urinary House Surgeon 1
(or post-registration)

The following post-registration and S.H.O appointments will be for six months:—

Thoracic House Surgeon (S.H.O.) 1
Resident Obstetrician (S.H.O.) 1
Casualty Officers (S.H.O.) 2
Resident Anaesthetists (S.H.O.) 2
Senior House Officer to Nuffield House (S.H.O.) 1
Senior House Officer to the Renal and Transplant Units (S.H.O.) 1
Neurological House Physician (S.H.O.) .. 1
Dermatological House Physician (S.H.O.) .. 1
House Physicians in the Department of Psychological Medicine (S.H.O.) 2

EVELINA HOSPITAL

Children's House Physician 1
(post registration)
To commence 1st October, 1972.

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) 1
(preference given to second six months candidate).
House Surgeon (pre-registration) 1
(preference given to second six months candidate).
House Surgeon in Gynaecology (S.H.O.) 1
House Physician in Psychological Medicine (S.H.O.) 1

NEW CROSS HOSPITAL

House Physician in General Medicine with Rheumatology and Geriatrics (pre-registration) 2
(preference given to second six months' candidate).

OUTER HOSPITALS

Preference will be given to second six months candidates for the following posts, but first six months candidates may apply.

BECKENHAM HOSPITAL

House Physician (pre-registration) 1
House Surgeon (pre-registration) 1

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases (pre-registration) .. 1

GREENWICH DISTRICT HOSPITAL
(married accommodation available)

House Surgeon to Mr. O'Flyn and Mr. Candy (pre-registration) 1

House Physician to Dr. Elliott, Dr. Collover with Neurology and Dermatology (pre-registration) 1

LEWISHAM HOSPITAL

House Physician to Dr. Llewellyn Smith (pre-registration) 1

House Surgeon to Mr. Le Brun (pre-registration) 1

House Surgeon to Mr. Cavendish (pre-registration) 1

MILLER GENERAL HOSPITAL

House Physician to Dr. Hartley, Dr. Bassadone and Dr. Mallinson (pre-registration) 1

House Surgeon to Mr. Candy and Mr. Eldin (pre-registration) 1

ORPINGTON HOSPITAL

House Surgeon with Ophthalmology to Mr. Walker Brash and Mr. Chivers .. .. 1 (pre-registration)

House Physician to Dr. Southwell and Dr. Williams (pre-registration) 1

PEMBURY HOSPITAL

House Surgeon (pre-registration) 1

House Physician (pre-registration) 1

ST. HELEN'S HOSPITAL, HASTINGS

House Physician in General Medicine and Geriatrics to Dr. R. Irvine (pre-registration) 1

P. J. HELLIWELL,
Superintendent

PASS LIST

THE CHARTERED SOCIETY OF PHYSIOTHERAPY
May 1972 Pass List

Intermediate

Aste, P. J. Miss
Brooker, J. Miss
Downer, J. F. Mrs.
Edwards, S. A. Miss
Hall, L. M. Mrs.
Hamblin, T. J. Miss
Jackson, C. E. M. Miss
Lewis, V. B. Miss
Manwaring, D. G. Miss
Schott, A. F. Miss
Stock, L. R. Miss
Strange, H. W. Miss
Toone, R. P. Miss
Webster, A. Miss

Preliminary

Ashby, P. J. Miss
Blight, J. S. Miss
Bucknell, C. I. Miss
Crampton, G. R. Miss
Clark, E. J. Miss
Gadsdon, S. C. Miss
Griffiths, A. J. Miss
Hughes, B. E. M. Miss
Langford, R. M. Miss
Letham, S. E. Miss
Magill, L. A. Miss
Neville, H. M. Miss
Sevitt, A. D. Miss
Sumner, M. L. Miss
Telling, K. N. Y. Mrs.
Wright, M. N. Miss

PERSONAL

FLAT required by son of Guy's man (P. R. Executive Aged 24) convenient for City. Reply Box No. 2/7.

DENTAL ASSISTANT required urgently for Guy's practice in Sevenoaks. Complete low-level equipment and chairside assistance. Own Laboratory. From July. Tel: Sevenoaks 54189.

BIRTHS

SHARP—To Jenny and Surgeon Lieutenant Richard Sharp, R.N., of 32 Palmerston Way, Alverstoke, Hampshire, a son, David, born on 9th April, 1972.

WOOD—On 7th June, 1972, to John and Anne (née Cooper) a daughter, Claire Elizabeth, a sister for Paul and Christine.

CHANGE OF ADDRESS

Dr. and Mrs. P. K. D. Bush, Furzetor, Clay Lane, Warningcamp, Arundel, Sussex.

Surgeon Lieut.-Comdr. (D) and Mrs. E. J. Grant, 22 Coneygar Close, Bridport, Dorset.

Dr. E. R. Hurst, 17, Harley Street, London, W.1.

John and Corinne Older, 58, Hazelbury Road, Nailsea, Bristol, BS192 JW.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS T. B. BARNES and Miss I. H. DODD
NEWS EDITORS C. G. CHINERY and D. I. F. KELLEHER
SPORTS CORRESPONDENT R. W. BURNS
NURSING CORRESPONDENT Miss P. M. JEFFERIES
BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2192

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

"To Thine Own Self Be True . . ."

The recent investigation of the horrific episode at a Blackpool Eye Hospital where a doctor, himself mentally ill, stabbed three children and a nurse, raises the important question: "Who should decide, and when, how fit a doctor is to practice?" It is not only unfair, but also illogical to leave the decision to the doctor himself. Of course as far as physical illness is concerned the answer is simple —you go on until you drop—but mental illness presents a different problem. How can a person who by the very nature of his illness is separated from reality, or any way whose judgment is impaired, be expected to assess his own mental state, and decide at what point to judge himself unfit to carry on?

It is obviously very necessary that the public should have confidence in the health and sanity of the people on whom they may see their lives to depend. Until now the accepted attitude seems to have been that doctors, having mysterious magical powers, and of course being completely infallible, have never had any need for medical attention themselves. If they could tell when other people were ill, and how to cure them, then surely they'd have the wit to do the same for themselves? But if this were the case then the tragic display at the Eye Hospital would never have taken place, and it did, and was luridly reported by the press (and a good thing too). The public faith has been transiently shaken, but before the whole matter is forgotton surely something serious should and could be done.

Airline pilots undergo regular health checks, cars are MOT tested; it need not be in any way degrading for the same system to operate for doctors. Regular physical and mental examination by

colleagues would ensure that such ghastly events could not happen again, that myriad minor errors of judgment due to strain could be avoided, and that the absolute faith of the lay public could be maintained.

One day last week the *Guardian* wrote in a lengthy article about Thamesmead and its health services that ". . . compared with certain medical schools Guy's is a paragon of forward thinking." But this is only true so far as some other schools are concerned and whilst it is nice to think of the *Guardian* being so flattering we must beware of being too complacent: it is a difficult and dangerous manoeuvre to pat yourself on the back with your head beneath the sand!

The point is this, so far as both the *Guardian's* opinion of Guy's and the public's opinion of doctors is concerned, whilst we evidently wish both opinions to be extremely favourable we must be quite sure they are based on the truth and not on some happy myth we wish to perpetrate for the sake of our own self appreciation. We must admit that we are not actually superhuman and recognise that if we pretend to be so we can only fail. We could do worse than remember yet again the wise words of Polonius:

> ". . . to thine own self be true,
> And it must follow, as the night the day,
> Thou canst not then be false to any man."

The Right to Silence

Mr. Robert Mark, the Metropolitan Police Commissioner, has recently been expounding the thesis that professional criminals "are getting away with it and it's time to rearrange the odds."

His eloquent speeches have been substantiated with statistics that there is a one in three chance of being caught and then a subsequent chance of 1 in 2 of conviction. These figures are open to challenge.

Although there is no evidence of the key acquittal role:—that of professional criminals, breakdown of the conviction statistics, proves interesting.

The emotive and spontaneous crimes such as sexual assault do indeed have a high acquittal rate, but of the 20,000 breaking and entering charges, presumably professional crime, only 1,027 were acquitted, just over 5 per cent.

The Criminal Law Revision Committee, after eight years deliberation has proposed sweeping changes which are soon to be presented to Parliament. They have the specific aim of weakening the position of the defence.

The report proposes that instead of the police caution the suspect should now be told "If there is any fact on which you intend to rely in your defence in court you are advised to mention it now. If you hold it back until you go to court your evidence may be less likely to be believed and this may have a bad effect on your case in general."

Let us remember that society is not composed of hardened professional criminals but also stupid, weak and inarticulate men who, under the new procedure would have to present their case at a police station, without counsel at any time of the day or night.

We reject the idea that unsworn confessions obtained under the threat of a night in the cells or the inducement of bail, should be admissible court evidence.

If the law is to be made less liberal to the accused it is safer to change the rules of court procedure rather than police procedure: and here the committee is on safe ground.

They recommend that the accused should be called to give evidence in court, on oath, and should he refuse then the jury shall be entitled to draw inferences. The suggestion that there should be greater admissibility of a defendant's previous record has some merit —if the prosecution proves that it is relevant to that particular case.

Thus the scales must be balanced carefully. Are too many guilty men getting away; how many innocent men do we convict? Let justice be seen to be done, in court; let us not ask the police to be prosecutor and impartial judge within the confines of a police interrogation room.

Mis Barbara Orr, regrettably, is spending the next three months in Nigeria on her special appointment. She will return to the *Gazette* in October.

Trevor Barnes and Miss Ingrid Dodd are the new *Gazette* Editors.

GUY'S DIARY

JULY

17	M.	1.00	Clinical Lecture. Dr. HOSKINS. "Air Contrast Enemas of Colon."
21	Fr.	1.00	Clinical Lecture. Prof. KEEN. "The Epidemiology of Diabetes in Man."
24	M.	1.00	Clinical Lecture. Mr. CARDWELL. "Congenital Tumours of Head and Spine." thesia".
25	Tu.	1.00	Clinical Lecture. Mr. SCHURR. "Congenital Tumours of Head and Neck."
27	Th.	1.00	Clinical Lecture. Mr. GLOVER.
28	Fr.	1.00	Clinical Lecture. Mr. O'FLYNN. "Diverticular Disease of the Colon."

All Clinical Lectures are held in the Anatomy Theatre.

NEWS IN BRIEF

Ward Redecoration

Work is to commence early in September on minor improvements and redecoration to eight of the wards in Hunts House. This is a continuation of work already completed on some wards.

It is planned to complete the up-grading by the end of 1973, and will start with Addison and Hurst wards. Apart from redecoration and new counterpanes, a separate clean utility area will be constructed. This will mean a minor reduction in the space occupied by beds.

Revision Lectures

The Autumn revision course of lectures in Obstetrics and Gynaecology for final year students will start on Wednesday, 26th July in the Gordon Museum. The course will consist of 16 lectures to be held on Wednesdays and Fridays at 2.00 p.m., details of which will be posted in the Department of Obstetrics, Medical School, Colonnade and East Wing.

Clubs' Union Council

At the last meeting of the Clubs' Union Council, 30th June, the following proposals from the Students' Club were passed by 20 votes to one.

1. That the Clubs' Union Council recognises the need for change in the present arrangements.

2. That a joint committee be set up between the C.U.C. and the S.C.C. to prepare a draft constitution for consideration as soon as possible.

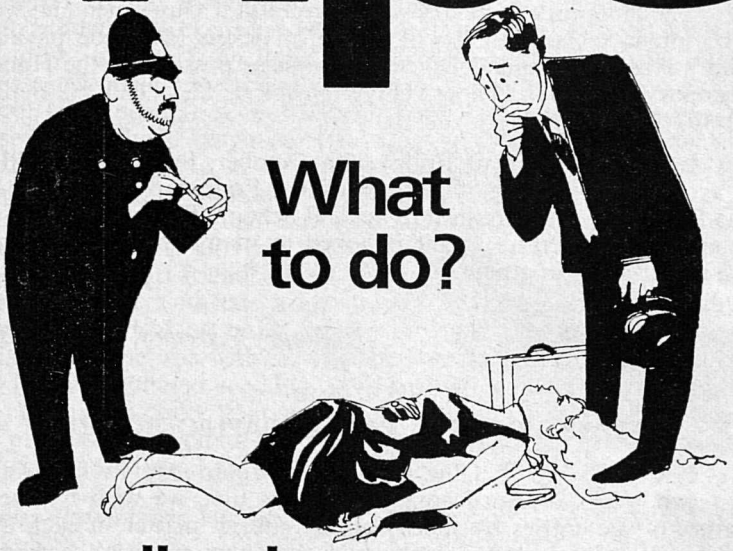
Bar Closure

The students' bar will be closed from 10.30 p.m. on 19th July, until the end of the month.

The reasons are expiration of the licence and essential repair work and inspection of the drains. It is indeed fortunate that these two events coincide.

It is hoped to reopen the bar at the end of the month. This will be announced later.

mps



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Cardiff 43852.

NOTICES

GUY'S HOSPITAL BIENNIAL DINNER

Friday, 6th October, 1972

The Biennial Dinner will be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on Friday, 6th October, 1972 at 7.0 p.m. for 7.30 p.m. The Chairman will be R. J. Cann, Esq., M.S., F.R.C.S. The Dinner affords the most popular opportunity for all qualified Guy's men and women—medicals and dentals— to meet together and renew the friendships of their student days.

The Honorary Secretary will be grateful if Guy's men and women who intend to be present will apply for tickets (£4 made payable to Guy's Hospital Biennial Dinner) as soon as possible to the Honorary Secretary, Biennial Dinner, Guy's Hospital, SE1 9RT. (Telephone: 01-407 7600, Ext. 341.)

In the afternoon of Friday, 6th October, Professor Ian McColl is arranging a meeting "Gastro-Intestinal Endoscopy" at 2.30 p.m. in the Physiology Theatre in the Medical School. This subject is of wide interest to all doctors and it is hoped as many as possible will take the opportunity to attend.

Noel Glover,
Honorary Secretary, Biennial Dinner

GUY'S HOSPITAL PHOTOGRAPHIC SOCIETY

It is hoped to hold the next photographic exhibition during the last two weeks of April next year. This time we wish to alter the nature of the entries by specifying the subject matter in each of five categories. It must be emphasised that new material is what the judging panel will be asked to assess.

Subjects:

1. (a) Old people—portraits.
   (b) Children—portraits.
2. Technical and special effects.
3. Seasons.
4. Buildings (London).
5. Private open entries, no prizes.

Rules:

Black and white only.

Minimum size 8 x 10 ins.

Entries must be submitted no later than one clear week before the opening date of the exhibition.

Psychiatric Case History

By R. Dismorr

Introduction:

Last time we discussed depressive illness. The following case demonstrates a young man who presented at the other end of the so-called "manic-depressive" spectrum.

Case History:

Mr. W. B., an Italian, unmarried, aged 20, was admitted to the ward in a thoroughly excited state. He was elated and panicky and talked incessantly, jumping from topic to topic with superficial links (flight of ideas) making puns. He said that a man with a gun was going to shoot him and that he was able to jump from top floor windows. He used disinhibited language with much sexual phantasy. He had been sleeping very little, he was hyperactive and had very little insight into his condition. He became bad tempered if restrained.

His parents said he had been odd since Christmas last year, when he had given up his girl friend on his mother's advice. The latter thought that the girl friend was the cause of her son's behaviour. He had been very gay, out late a lot at night with friends at night clubs and had been drinking quite heavily in bouts. Early on Christmas morning, when he was with his friends, and had been drinking a few pints, he impersonated a C.I.D. police officer to gain entrance to a night club. The police charged him for this and he was given three years probation. Around this time he had also changed his steady job of three years standing, saying, "I could do seven jobs at once".

Previous Psychiatric History:

He had been admitted to hospital one year previously, again in a state of acute excitement. He claimed to have robbed a bank (there had been a recent bank robbery) and to be Jesus Christ. He also said he had "visions of God". Looking back on that time he now says he saw pictures that had been familiar to him, e.g. portraits of Jesus. At that time he was diagnosed as schizophrenic. He got better.

He was re-admitted for one day a few months later after expressing suicidal feelings and mild depression, when a relationship with a girl had been terminated.

Personal History:

He was born in Italy of Ita'ian parents. He was the only and very precious child. He was born after nine years infertility of his mother and had a difficult forceps delivery. He came to England at the age of three. At school he was bright, but "lacked attention". During childhood he had pilfered things from the home and during adolescence gambled to excess. His mother excused all these actions saying that he was of a generous nature. His job, as a clerk, he had kept steadily

since leaving school, until early this year. He had always lived with his parents in an immaculate flat kept by his mother.

His sexual relations were stormy. He may have had homosexual relations, though these may have been part of his delusions during his first admission. He had had many girl friends, some for quite long periods, with whom he became very emotionally and physically involved. His mother disapproved.

His mother is the dominant partner of the marriage, very indulgent and possessive towards her son. She had a previous psychiatric history of depression. The son expressed sexual feelings towards her to the medical staff but not to her herself.

Treatment and Progress:

He was treated with haloperidol, chlorpromazine and procyclidine (anti-Parkinsonian), and lithuim carbonate. He improved, became less active, aggressive and elated. The haloperidol was discontinued after a few days and the chlorpromazine gradually reduced. However, he swung back into hypomania and the present problem is in stabilising him with drugs.

Discussion:

Mr. W. B. was given the diagnosis of acute mania on three cardinal features: (1) elation, (2) overactivity, (3) flight of ideas with puns. His previous admission was also as a resu't of a manic swing but in acute excitement with hallucination, it may be difficult to tell between schizophrenia, drug psychosis (especially amphetamines or L.S.D.) and acute mania. In mania the hallucinations if they occur, occur at the height of excitement and regress when the mood settles. Also the patient has much greater insight, makes better interpersonal relationships, once he has settled, than the schizophrenic. Drugs may be difficult to exclude and a history, especially from friends, is relevant.

The attacks of Mr. B's mania and less frequently of depression, seem to have been precipitated by sexual problems and conflict of relationships with his girl friends and over-possessive mother.

Manic or hypomanic (less acute) people may swing to a normal mood level or alternatively to depression. This may occur in regular cycles and the patient can gain insight into their onset. A pre-morbid personality of the cyc'othymic type is often described also.

Acute states may be treated with haloperidol or phenothiazine drugs. The former is particularly valuable given by injection intramuscularly or, if possible, it is most effective given intravenously. Lithuim carbonate is also indicated in the acute stage and in a smaller dose for long term maintenance. Toxicity occurs with the latter and regular serum level estimations should be performed.

Psychotherapy giving the patient insight into his problems which may precipitate these attacks, such as the sexual problems our patient had, may be helpful with a fairly intelligent patient.

THE NAVY IS OFFERING TWENTY-FIVE MEDICAL CADETSHIPS THIS YEAR. ONE COULD BE YOURS.

To be in the running, you must have your 2nd M.B. behind you.

After that, we'll want to be sure you are suited to be a medical officer in the Royal Navy.

For it's a unique way of life.

Serving with the Navy at sea, you'd have absolute responsibility for the health of all on board—and possibly in other ships as well. Alternatively, in Naval hospitals at home and abroad, you'd be caring for Service men and women—and their families.

Wherever you are, you'd be part of a team. Finding new interests—meeting new problems—seeing new faces. For as well as being a doctor you'd be a naval officer—with the travel, the satisfaction and the full rewarding life that every naval officer enjoys.

Of course all this happens after your registration. In the first place, to qualify for a medical cadetship, you must pass your second M.B., or equivalent. After that you must be selected, following a Board interview.

Then while still at medical school, you are just like any other student. Except that we pay your fees and give you a guaranteed salary of £1,814 a year in the rank of Surgeon Sub-Lieutenant.

When you qualify you can spend your pre-registration year either at your hospital or one of ours.

After which we promote you to Surgeon Lieutenant, your pay goes up to £3 668 a year and you begin your short-career commission with us for five years. When you leave us you'll take a lot of useful experience with you —together with a tax-free gratuity of at least £1,400.

As well as 2nd M.B. students, the Navy also enters qualified doctors for a 5-year short-career commission. (Applications should be made during or after pre-registration year.)

Write now to Surgeon-Commander F. M. Kinsman, R.N., (26 AZ), Dept. of the Medical Director-General (Navy), Empress State Bldg., London, S.W.6, and tell him your age and qualifications. In return he'll tell you more about the advantages of applying for a medical cadetship or commission with the Royal Navy.

RN ROYAL NAVY

NURSING

There has recently been a certain amount of press publicity devoted to the degree of surveillance, to which certain sectors of the community are subjected, over and beyond those actions directly connected with their work. In these accounts a number of groups were in fact mentioned, but that which featured most prominently was nurses.

As a result of this, one can only be left wondering whether or not it should be considered an intrusion upon one's rights of privacy, to have to undergo permanent adjudication even at leisure. The immediate reaction may well be that the pressure and stress of the type of work undertaken by nurses should automatically permit certain licence when off duty, and that for the police to report to the General Nursing Council, any nurse who is guilty of even the most trivial breach of law is unreasonable. After all, if university students can commit, without reprisal, the misdemeanours which are so commonplace, why should not other members of society be granted similar liberties?

The fact remains however, that nurses like to think that they are professional people. The achievement of this status is currently one of their main objectives. Subsequently, if this is the light in which they wish to be considered, they must be prepared to accept the associated consequences.

In the view of the public, professional people are never completely able to relinquish their responsibilities. It is a well known fact that doctors and lawyers are held in high esteem in their local community, and, regardless of whether they practice there, are considered to be constantly available for consultation. Similarly a nurse soon learns never to divulge her occupation when on holiday, for fear that the whole time will be spent rendering advice, and listening sympathetically to woeful tales. She also soon learns that to state vaguely her connections with the civil service will command immediate cessation of questions, and the relief from other people's problems which she is seeking.

If then these facts are true, and the public do regard nurses in this manner, have they not a responsibility to ensure that their behaviour is irreproachable at all times? If they do commit any misdemeanours, is it not right that their supervisory body be made aware of the fact? It is essential to be completely reliable whilst working, but if this is not the case when off duty, how can the public be assured of their safety when in hospital?

Many of the cases which are reported, subsequently are rejected by the General Nursing Council, and it would thus seem that the journalists are attempting to create a sensation, but it would appear to be in the best interests of both the public and the professions that a general watch should be maintained. Only those with a guilty conscience should in fact find this situation worrying, and it would appear to be a most effective way of ensuring that the service is administered only by those who are suitable to render it, both by virtue of their qualifications and general behaviour.

POEMS

TIME

Time is
Too slow for those
Who wait;
Too swift for those
Who fear;
Too long, for those
Who grieve;
Too short, for those
Who rejoice;
But for those
Who love,
Time is not!

Ruth Becker

THE NIGHT NURSES REVERIE

Sitting here at night time
With snores and midnight sounds,
My mind is free to wonder
And think of day time rows.

Of buses, cars and aeroplanes
That crowd our busy world,
Of free and fertile countryside
And roses yet uncurled.

How quickly scenes go flashing by
As life goes on its way,
We travel quickly through it all
And never see our way.

And yet at night a silence falls
That seems to cover all,
It hides the monuments of power
And quiets the day time call.

The buses, trains and cars do sleep,
And their drivers slumber too,
And as the darkness slowly creeps
The noises are but few.

The silence is a powerful call
It rests and mends our minds,
Like a blanket over all
For peace it always pines.

And yet the round must always turn
The day time comes once more,
To bring the birds and buses too
And close the night time door.

And so to sleep a nurse must go
To wake at eventide,
To keep their nightly watch once more
With patients yet untried.

Again the darkness slowly creeps
The noise and bustle stop,
The nurse is left in silent watch
To see most eyelids drop.

As sleep claims patients one by one
The nurse is left alone,
To contemplate the silence left
Its peacefulness condoned.

P.P.

BOOK REVIEW

NOTES ON MEDICAL VIROLOGY by Tinbury. Churchill Livingstone. 3rd Edition. 75p.

When I saw that in the 3rd (1971) edition of this book, the chapter on bacteriophages had been omitted to make room for one on slow viruses, I guessed that it was the right sort of thing for Medical Students. Also the author is sensible enough to include the rickettsia and the bedsonia (psittacosis and related organisms) instead of omitting them because they are not true blue viruses. The book is a small and inexpensive, yet well-balanced and an up-to-date summary of medical virology—not enough on its own, of course, but there are references for further reading, and it is a framework on which to hang more detailed knowledge. Indeed, it would be better to have a clear understanding at this basic level only, than more sophisticated but confused ideas floating in a sea of undigested facts.

For those who like short notes and summaries as an aid to learning, this little book is one of the best.

C. A. MIMS

CORRESPONDENCE

SIR—If I may, I should like to add to your most excellent Passim concerning changes to the constitution of the Clubs' Union Council (C.U.C.) and Students' Club Council (S.C.C.) in the last *Gazette* (30.6.72).

On Friday, 30th June, a meeting of the C.U.C. was held, to consider, amongst other items, "Students' Club proposals for alterations to the Clubs' Union Council".

The proposals came about as the result of a motion which was passed at the Student Club A.G.M. on 2nd June.

"That the C.U.C. and the S.C.C. be replaced by a Union of Students with an elected Council from the total student body and staff and that this union be called the Guy's Hospital Student Union".

Those proposals were:-

1. That the C.U.C. recognises the need for a change in the present arrangements.

2. That a joint committee be set up between the C.U.C. and the S.C.C. to prepare a draft constitution for consideration *as soon as possible.*

Needless to say there was much lively, but mainly sensible, discussion and it is to the Council's credit that the proposals were passed 20 votes to 1, with one abstention. It was decided that the committee be made up of three members of the C.U.C., three from the S.C.C. and one from the Student Medical Education Council, under the chairmanship of Mr. Morris.

All this has been the outcome of two year's hard work by two former student presidents, Bruce Dick and Lynne Hampson, with much help from representatives (past and present) on the S.C.C.

We envisage the present system being replaced by a Student Union which will provide, not only a more direct link between the student and the body which governs his own affairs, but also a common forum for discussion and mutual exchange of ideas between the three most important aspects of student life, namely social and sporting life within the hospital, the representative, and affiliatory functions outside the hospital (with U.L.U., J.H.D.A., B.M.S.A., etc.), and the interest and need for student opinion and ideas in their own medical education.

With more say and more knowledge of what goes on we are sure that more student interest will be generated with a concomitant decrease in the apathy that is affecting all aspects of hospital life.

There are only two medical schools (Guy's and The London) in the country without a Student Union per se. Let us hope it is not long before the London is unique. This is one of the few fields in which we cannot afford to be unique.

Yours faithfully,

DAVID J. JONES
(Student President)
Guy's Hospital Students Club

East Wing,
Guy's Hospital.

SIR—Now that the Government plans for Student Union Reform have been delayed it would seem that the Clubs' Union will have the task of re-allocating finances to the constituent Clubs and Societies within the Hospital for one year more at least. Recently the Committee approved plans for a revision of the Finance Sub-Committee so that the presentation of Club budgets and their subsequent consideration would be less traumatic. Might I suggest that the Committee provide a few guide-lines to the Club Secretaries

regarding budgeting, and therefore, perhaps avoid the hit and miss technique employed at present?

We are indoctrinated by the Guy's Tradition that it is irreverent to question the activities and expenses of some Clubs whose prerogative it is to take preference as if by divine right. I do not believe that this position is desirable or indeed healthy for the Clubs' Union at Guy's. We might well take an opportunity to reconsider some of the sacred cows at Guy's and the administration of the finances, because it is becoming increasingly obvious that in the near future financial restrictions on Student bodies in one form or another will be implemented and there will be a dire shortage of cash; a position to which Guy's is particularly vulnerable.

Every constituent Club is guilty of overbudgeting—in fact, the Club's Union would never survive if each Club spent as much as it was allocated—but there are only one or two Clubs which consistently overspend their allocation and budget with apparent disregard to the Clubs' Union, and with apparent impunity. Although this does not at all embarrass the finances, it does rather discourage the other Clubs who genuinely adhere to the requests of the Clubs' Union and make every effort to economise for the benefit of the Clubs' Union as a whole. What do they economise for? Certainly it should not be for the subsidy of a lame duck or sacred cow!

And so I would suggest that the Committee might look hard at what facilities it does provide and relate it to the standard and effort of the Club members so that the genuine sportsmen are not penalised by lack of facilities. I would imagine that there could be little more frustrating and disheartening for a team to be continually beaten because of, in part, inadequate equipment but also in the knowledge that the Clubs' Union is not genuinely desirous and eager to back up the team and take an interest in its activities.

Yours faithfully,

G. MOULDING

East Wing,
Guy's Hospital,
London Bridge, S.E.1.

SIR,—Vocational training schemes for general practice are increasing rapidly in number and the demand for places continues to grow. Almost all are based on regional hospitals and in only a few does a teaching hospital play a role and that a relatively minor one.

Guy's is to offer a three-year course of training for intending general practioners starting on 1st October this year and the distinctive and unique feature of this scheme is that the teaching hospital is to make available every year two of its normal rotating junior registrar posts for this purpose. It is proposed that six months will be spent at Guy's and six months at either New Cross or St. Olaves, as is usual for these appointments. One of the S.H.O's will have three months in the Accident and Emergency Department dealing with medical patients, including patients referred by general practitioners, and the other will spend three months in the geriatric unit at New Cross.

The second year will be spent either at Thamesmead or in a group practice near Guy's (experience of other kinds of practices will be offered also) and the third year will offer paediatrics at a regional hospital with an elective six months, perhaps in psychiatry or obstetrics.

A day release course will be organised with help of other G.P. trainers and trainees.

This scheme is a major inovation—not just for Guy's—but for any teaching hospital in this country and we hope it will prove attractive to those who want to prepare themselves properly for a career in general practice. Ultimately there will be six doctors in post but if the scheme goes well there is every hope that it may be expanded.

Yours sincerely,

DR. P. M. HIGGINS

Department of General Practice,
Guy's Hospital Medical School,
London Bridge, S.E.1.

SIR,—The value of the work done at the Evelina Front Lodge—as described in your article "Parent-Hospital Communication"—cannot easily be measured. And because of this I wonder what provision is being made at the Tower Block Paediatric Unit for such work.

I suspect that parents and visitors will arrive on one or other of the floors of the children's department and hopefully look for guidance. Will they have the feeling that the department is a community within a large hospital ? Is this an objective to be worked for ? Or is it probable that they will see their child as just another of the hospital's 1,000 or so patients ? What can be done to strengthen the links with the local communities and help parents to feel that those floors a third of the way up the Tower Block are "their" children's hospital ?

Is it already too late to hope that the lifts would deliver all visitors to the children's unit at one floor, where would be "the Front Lodge"? And from there they could be directed and helped, and if necessary take another lift to the other children's floors. Would such an arrangement be of value ?

No doubt these and many other matters of parent-hospital communication have been closely studied, but it would be reassuring to know that there will still be a valued place for the kind of work done by such people as Mr. Peter Klashort.

Yours sincerely,

ROBERT KEMPSTER,
Hospital Chaplain.

Guy's Hospital,
London, SE1 9RT.

SIR,—I was interested to read O. Balean's letter which defined creativeness and cleverness and then implied that machines could not have such qualities and further that the extended use of machines was not a desirable thing. I think Balean has made what is a frequent confusion between desirability and feasibility. To say that creative machines are not feasible and then to say that they are not desirable is not only prejudicial (false premise) but also a non sequitur (false logic).

Let me first clear up the all machines versus some machines confusion; the feasibility question. Now some machines (electronic computers) have been shown to be creative. They can create better solutions to problems (in mathematics and games); they have painted better paintings and written better poems than original artists (as judged by audience acceptability). These machines can perform better at I.Q. tests than human beings. We have now created computers which have personality and can hold intelligent conversations on formal and non formal topics. Since information theory has now specifically defined creativity then we can create creative machines. By Kelvin's Law, anything that exists is measurable, and by Modern Electronics, any measurable function is an electronically realisable operator. I hoped my article showed that clever and creative machines were possible.

Now machine desirability means: Are some machines acceptable? Machines are artificially created integrated systems which convert or direct motion. These days we have come a long way from the club of the ape-man to the machines which direct mechanical, thermal, or electronic motion. Unfortunately the first technological innovation was probably a weapon. Unfortunately we have been so used to passive and unthinking machines that the words "tool" and "machine", when used in an anthropomorphic sense, are always derogatory. I think a common fear is that if we create a machine with the same electronic structure and input sensors and output effectors as a human brain then it will work like a human brain (Cogito ergo Sum) and this will imply that the human brain is a machine; moreover a determinate machine. The mistake (ignorance equals fear) is to confuse complexity for indeterminacy. Information theory has solved this problem by showing that determinately produced random cortical noise does raise the human brain from a stimulus-response device to a device

with internally generated behaviour (i.e. spontaneity, soul, spirit). A determinate system with at least 10exp20 behaviour modes is apt to be confused with an indeterminate system. After all there have not been so many seconds in the history of the solar system. If we create humanoid machines they must be acceptable because they *will* be like us. Man is arriving at another crossroads of conceptual revolution. Five hundred years ago (Bruno) we realised that we were a commonplace planet orbiting a commonplace sun; we were no longer the centre of the Universe but nonetheless part of it and common with it. A hundred years ago (Darwin) we realised that we were a commonplace animal; one of many and created by common natural means. Today we have to acept that the human brain is a determinate inadequate and inferior machine.

The fact is that we are higher apes on a speck of cosmic dust and in our cranium lies the most complex and beautiful machine in the known Universe. As long as we ask "What are the facts?" and we use this gift of the space-time continuum for constructive living, where is the harm in asking machines to help us in the next stage of evolution? Perhaps Balean will supplement his readings of Eastern philosophy with readings from the great modern Western intellectuals: Morris, McLuhan, Reich, Asimov, Dennis.

Yours sincerely,

DEREK STUBBS

East Wing,
Guy's Hospital, S.E.1.

SIR,—I thought some older Guy's men might like to know that Dr. Fawcus of Glebeland, Chard, Somerset, celebrated his Diamond Wedding anniversary this month. He has retired from practice and is still living in Chard.

Yours faithfully,

A. M. MCCALL

Health Department,
16, Church Street,
Crewkerne,
Somerset.

SPORT

SPORTS DAY, 17th JUNE

For the first time in many years the sun shone brightly at H.O.P. bringing out more competitors than would otherwise have been the case. About 120 turned up to compete in both athletic and "social" events. The athletic events provided some interesting results with the Victor Ludorum going to R. Forber, C. McLaughlan and R. Yetton (9 points each). Shot, 1st N. Bullock, 9 m. 33 cm.; 100 yds. Cup, 1st R. Nichols, 10.4 secs; Long Jump, 1st C. McLauchlan, 20 ft. 10 ins.; 110 yds. Hurdles, 1st N. Avery, 14.2 secs; 800 m., 1st R. Forber, 2 min. 6.5 secs.

These all received medals. Entries from outside the athletic club filled up all the races and Nigel Bullock is to be congratulated on winning the Shot. We hope he follows Rex Yetton, last year's discovery, and competes for us next year.

In a lighter vein, the mixed events were better supported than at any Sports Day for years.

The three-legged race, wheelbarrow race and pick-a-back drew over 50 competitors each and some very cut-throat competition. For example, the wheelbarrow race was won by the male runner holding the girl completely off the ground in a very interesting position. He was disqualified. Those who carried children in the pick-a-back proved too good for those with contemporaries as mounts.

Wheelbarrow Race, 1st Nick Allan and Wife; Three-legged Race, 1st Jackie Underhill and B. Ward.

The Staff race was won by Willie Seymour with zero handicap. It was pleasing to see Prof. McColl and Ian Robinson, Dr. Jeans and John Shutes competing but where were all the other members of Staff?

The remaining events provided the best entertainment of the afternoon.

The Ward Relays, for which the 1968 Bed-pan Trophy is awarded, drew 10 teams from all parts of Guy's and for the first time, St. Olave's and the Evelina. Two heats were run and the five finalists were Evelina, P.T.S. Athletic, Caleb, John and Block "A". Those knocked out were Miriam, Evelina, Block "B", St. Olave's and a Combined Round of anonymous runners.

Each team consisted of two males and two females, with vastly different levels of co-ordination at the take-overs. John's team and P.T.S. Athletic were seen training early in the afternoon and the final was obviously going to be close.

As the teams emerged from the chaos of the third change-over only two teams were in with a chance and, in fact, ran in for a photo finish in the very good time of 54.1 secs. A camera was not available so eight people shared the bed-pan and the beer!

The Tug-of-war was distinguished by some extremely fit nurses competing in the Rugby Club team which managed to conquer the Athletic Club, Boat Club, Spirochaetes, Cranston Roaders and the unheard of "All-Stars". The Cranston Roaders (why the name?) resorted to watering the Rugby Club patch but found that the rules made teams change ends for the best of three pulls. Additional pullers were also seen and even the H.O.P. roller was tied to the rope in a vain attempt to beat Rigg and Co. of the Rugby Club.

Perhaps the two most entertaining events were the Women's Tug-of-War and the Beer Relay. The two female Tug-of-War teams go down in Sports Day history as the first of their kind. A finely balanced, shapely and very fit team of those notorious Nurses from second year block, Sue, Serina, Anita, Tricia, Celia and Sally, defeated the others after three close pulls. Emerging from this with arm muscles suitably warmed up, the first four girls mentioned above formed a Beer Relay team, taking on three men's teams. The girls won by 1½ drinks—but they were only drinking halves, the men pints. Still, where do they train?

The prizes, mostly alcoholic, were presented by Mrs. Weller, H.O.P. groundsman's wife.

I would like to thank all those helpers and competitors who made the afternoon so enjoyable and finally to put in a word for next year's Sports Day.

We want more people, Staff included—it is, after all, not a serious occasion at all.

B. JONES

GUY'S STAFF CRICKET CLUB

Staff vs. Cyphers Cricket Club

126 for 8 125 all out.

A most exciting game of cricket was played by the Staff after bowling the "hosts" out for 125 runs.

In the last hour the Staff had to make 93 runs in 20 overs. With an hour to play, R. Chegwidden played a marvellous innings by containing the bowling. At one stage we fell back in the scoring, then J. Mohamed added 26 runs in 2 overs, by hitting four 4's and one 6, and scored in all 26 runs, and the Staff were back on top. The weather was extremely kind to us.

Outstanding scores were by F. Frankling (28) M. Shearer (26) R. Chegwidden (30) J. Mohamed (26).

Outstanding bowling by J. Mohamed, G. Mangar and R. Frankling.

G. E. MANGAR,

GUY'S vs. PAST

Saturday, 10th June

Lost by 7 wickets.

Guy's elected to bat on a damp wicket which was regretted soon after the start when Fitton, having scored an unbeaten century mid-week, ran himself out for a duck. The batsmen succeeded only in wearing a trench to the middle before lunch with only Evans (23) showing any reasonable ability.

After lunch wickets continued to fall with alarming regularity although Rees was undefeated and we were all out for 71. Throughout Henricus bowled exceptionally straight and well but the side had no excuse, apart from bad batting to explain the low score. Henrickes finished with 5 for 35 and Knott took 4 for 13 and bowled really well.

Silk managed to run Hemmings and himself out with some characteristically diabolical calling but we could only manage to take one other wicket before the Past scored the runs.

After tea Guy's Present redeemed themselves in a 15 over match with a decisive win due mainly to some good batting by Wright (50) and Rees (30 not out).

C. G. LANGDON

GUY'S vs. MIDDLESEX

Won by 1 run.

This exciting 40 over game started with Chris Langdon winning the toss and batting first on a very good home wicket.

Runs came steadily at first, mainly in the form of a sparkling 50 from Langdon, a steadier 30 from Tony Holland and multitudinous no-balls from the square leg umpire, the reason for which no one seemed too sure.

The inevitable collapse left us 156 for 8 after the 40 overs.

After tea Middlesex ran amok and many a ball was seen to fly high over the boundary. The Middlesex collapse came when they were 105 for 2 after 25 overs, with Chris McLauchlan bowling his "swingers" and taking 6 wickets. Phil Kay had to buy his a little more dearly.

At 144 for 8 with the field biting their nails two sonorous thumps were heard in quick succession. One was from the bat, the other from Rick Fitton's chest but unfortunately the pain was too much for him to hold the catch.

With the score 155 Chris Langdon (again?) caught the last man out and we all went home, 1/155th the better of our rivals.

STEVE KILLICK

GUY'S vs. BART'S

Sunday, 18th June, at H.O.P.

An early lunch was taken on this murky day when a lapse in the deluge allowed play to commence at 1.30 p.m. despite the wishes of the umpires. Bart's won the toss and elected to bat, so nine stalwart Guy's men took to the field.

At 66 for no wickets the sodden fielders were of the same opinion as the tight-lipped, ashen-faced umpires, when our spirits were raised by the arrival of Roger Burns. This coincided with the beginning of a Guy's breakthrough as Phil Kay produced a mixture of long hops, full tosses and eight good balls to dismiss Bart's for 154 (Kay 11-3-8-36).

In reply Guy's started briskly with Joe Oram making an "instant" 16 before returning to the country. A second wicket partnership of 86 between Alistair Cook (38) and Chris Langdon (52 again!) ensured victory. The simple task of knocking off the rest of the runs was left to Gethin Evans (28), John Wright and Bob Clifford-Jones, Guy's finishing with a fine 6-wicket victory.

PHILIP KAY

SIX-A-SIDE FOOTBALL COMPETITION

The final round of this competition was played on a fine Sunday afternoon at H.O.P. For the spectators the event was a social one but there was no doubt as to the serious nature of the football and there were several excellent matches. The occasion was enjoyed by all, and the football club should be congratulated for organising it and for providing an excellent standard of refereeing throughout.

Results:

Quarter Finals:

Dental Dynamos, 2—All Stars, 2.
(Dental Dynamos won 3—2 on penalties)
Rugby 1sts, 4—Mephioso, 2.
Dycal Dynamos, 2—Lords, 0.
Governors, 4—Hockey Club, 0.

Semi-Finals:

Rugby 1sts, 0—Dental Dynamos, 0.
(Rugby 1sts won 5—4 on penalties)
Dycal Dynamos, 1—Governors, 0.

Final:

Rugby 1sts, 1—Dycal Dynamos, 0.

UNITED HOSPITALS SWIMMING CHAMPIONSHIPS

6th July. U.L.U.

The evening of swimming began with Nigel Masters winning the 100 metres freestyle in a good time of 67.2 secs. This was followed by John Frazier coming third in the 100 metres breaststroke. Eric Gavin then won the 100 metres backstroke in a time of 78.5 secs. shortly after coming third in the freestyle At this point Guy's were leading but all flowers must wither and we followed nature's unfortunate cycle. Nevertheless the wilting was not complete and after the freestyle and medley relays, swum by J. Frazier, N. Masters, N. Cambell, J. Clark and E. Gavin we ended up second in the overall competition.

The women were represented by Judy Tipple and Francis Abels. The former won the freestyle event and took second place in both the breaststroke and butterfly, while the latter took second place in the freestyle and won the butterfly. Altogether a fine swim by both members of the team.

So, after collecting our medals and reclothing ourselves again for the warm London evening we left with a pleasant physical tone unlikely to be experienced for another year.

ERIC GAVIN

HOSPITAL INFORMATION

BIRTH

LOADER—On 6th June, 1972, to David and Eva a daughter, Emma Mary Cecilia. A sister for Sofia.

PERSONAL

FLAT TO LET in Blackheath. Double bedroom; Living room; Bathroom and Kitchen. Newly and fully furnished including new refrigerator and cooker. C.H.W. and C.H. Resident porter. Near Southern Railway. Suit married couple or single person. Rent £75 per month. Reply to Box No. 4/7

FOR SALE—Spencer Microscope, Triple Mag., £15. Skeleton in box £10. Tel: 01-580 2294.

HOUSE APPOINTMENTS

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from Registered Dental Practitioners for the appointment of **Lecturer** (5 s.p.w.) in the Department of Conservative Dental Surgery with duties to commence on 1st October, 1972. Proposed salary within full time range of £2,450 to £3,926 p.a. Forms of application are obtainable from and should be lodged with the Dean, Guy's Hospital Dental School, London SE1 9RT, not later than **8th August, 1972.**

GUY'S HOSPITAL

The following Dental House Surgeon appointments have been made for the period 1st August, 1972 to 31st January, 1973.

General Duties Resident
Mr. E. T. Harland
Mr. M. G. M. McIntyre

General Duties with Oral Medicine
Mr. J. McKechnie
General Duties with Oral Surgery
Mr. S. M. P. Wright
General Duties
Mr. T. J. L. Want
Mr. A. A. Holland
Mr. S. D. W. Stuart
Miss H. E. Mayne
Mrs. R. Bernhardon-Lundquist
Prosthetics Department
Mr. P. Stevenson-Moore
Children's Department
Mrs. C. A. Clark
Miss D. R. Evans

P. J. HELLIWELL,
Superintendent.

4th July, 1972

PASS LIST

CAMBRIDGE UNIVERSITY
M.S.
April 1972
J. W. S. Rickett

ROYAL COLLEGE OF PHYSICIANS OF THE UNITED KINGDOM
M.R.C.P.
April 1972

R. A. Billings
Alex M. Hendrick
P. C. Pietroni
D. Stratton
A. L. Thomas
D. Tong
E. J. Will

ROYAL COLLEGE OF SURGEONS OF ENGLAND
Primary F.F.A.
March 1972
P. J. D. Evans

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS T. B. BARNES and Miss I. H. DODD
NEWS EDITORS T. J. GOULDER and D. I. F. KELLEHER
SPORTS CORRESPONDENT P. CALVERT
NURSING CORRESPONDENT Miss P. M. JEFFERIES
BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2193

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

At last the sun! Bronzed and bronzing bodies laze in the Park at Guy's. The last two weeks have induced a universal "shedding of clothes" and general delight (at last) in the weather.

Sunday papers and the "glossies" have developed an acute rash (exacerbated by the heat presumably, and anticipation of the beaches and bikini-clad days to come) of slimmer's diets. These range in severity from the comforting "Cut out spuds" variety to the incredibly vicious "Lose a stone a fortnight on a bowl of rice a day" type. But although ostensibly such slimming diets are for cosmetic purposes the medical profession is inextricably bound with the summer epidemic of figure and weight consciousness. Undeniably quite apart from fashion's dictates, it would be better if the nation as a whole were slimmer. Obesity is a serious disease, becoming increasingly common in prosperous communities such as ours. It's undesirable effects are widespread (predisposition to cardiovascular disease, psychological implications, etc., etc.) and actuarial analysis shows that even minor degrees of obesity decrease the expectation of life.

Unfortunately years of "wrong thinking" lead to the general firm belief that fatness in babyhood correlates with health; and only nowadays, for many people too late, has research revealed that obesity in infancy and childhood leads commonly to obese adulthood with its concomitant misfortunes.

Ironically years ago young boys were considered healthy if their ribs only just showed. Now they are lucky if their ribs are discernible at all!

The amount of fat consumed by an individual varies more or less directly with his income. Today's increased standards of living have lead to a simultaneous increase in average degree of obesity. Because

this is so, and it is therefore increasingly rare to be slim, it is considered fashionable to be so—hence the ubiquitous slimming diets. And beyond the dictates of fashion it is becoming ever a more desperate necessity for doctors to exhort their patients, for the sake of their health, at least not to let themselves become too fat. Some people bother to diet, mainly for cosmetic reasons and occasionally through fear of disease; many do not. And many are dying.

It is interesting, no, frightening, to try to imagine what will happen next? Will shorter working hours allowing more time for gluttony, increasing prosperity ever upping the caloric content of our diets, and automation obviating the need for any exercise, lead to a world-wide population of Michelin Men (and women)?

Or will the population increase, and hence increase in food consumption, outstrip natural resources (remember pollution too) to the extent that sudden drastic food shortages mean whole nations are reduced to Twiggy-like proportions? Will the day really come when "Fat is Beautiful" is the fashionable slogan? . . . . When fat is scarcely found between young children's ribs . . . . And when Doctors welcome the "Plump up for summer" diets that blossom with the first days of the summer sunshine?

NEWS IN BRIEF

Professor Cedric Mims

Our congratulations are extended to Professor C. Mims on his appointment to the Department of Microbiology. He read Zoology at University College, London, graduating with 1st class honours in 1947, and then became a medical student at Middlesex Hospital Medical School. After graduating in 1952, he went to the East African Virus Research Institute in Entebbe, Uganda, and for the next three years did research on arthropod-borne virus infections of man, mosquitoes, monkeys and other animals. In 1956, he moved to Professor Fenner's Department of Microbiology in the John Curtin School of Medical Research at the Australian National University, Canberra, Australia, and since then his research interests have focussed on the pathogenesis of virus diseases. His work has included studies of the pathogenesis of pox, influenza, arthropod-borne, and lymphocytic choriomeningitis virus infections, and he has written reviews on the pathogenesis of virus rashes and of virus infections of the fetus, respiratory tract, and central nervous system.

In 1963-64 for one year he held a Rockfeller Fellowship in Dr. J. F. Enders laboratory at the Children's Hospital Medical Centre, Boston, and worked with measles virus. He later spent a year (1969-70) with Dr. Koprowski at the Wistar Institute, Philadelphia, studying slow virus infections. His current interests are in persistent virus infections and immunopathological aspects of virus diseases.

Professor Mims left Australia to arrive at Guy's in May of this year. He is 47, married, with four children, and feels enthusiastic about settling down in England after an absence of 20 years.

B.M.S.A. in conjunction with the B.M.A. are producing a paperback book called "Which Medical School?" It is aimed at sixth formers who intend entering Medical Schools and contains a short, factual synopsis of every Medical School in the country. A group of students at each of the Medical Schools is to write the report for its school. It should be available at the end of the year.

The vacant position of Group Catering Manager has now been filled by Mr. R. W. Reading. It is hoped that his wide catering experience will enable the standard of food in the Guy's group hospitals to be maintained at a high level.

"Needle", the magazine written for and by medical and social workers, is a recent addition to the journals of the Wills Library.

OBITUARY

Francis Edward Camps, M.D.Lond., F.R.C.P., F.R.C.Path., D.T.M. & H.

Francis Camps, himself son of a well known Guy's G.P. practising in Teddington, came to the Hospital from Marlborough and qualified in 1928. He did his House jobs and then, for some reason he never explained, took a D.T.M. and H. Course at Liverpool. He then went to New Lodge Clinic for Arthur Hurst—later Sir Arthur, and finally—or so it seemed—into general practice in Chelmsford. He had married a Guy's nurse, Dulcie Williams, and everything looked settled for a career, but it certainly was not so. The War broke out and Camps, who had been helping a somewhat dilatory Pathologist at Chelmsford Hospital to keep things straight in the laboratory, took over more—and more. He kept on doing this all his life, for he was an absolutely indefatigable worker and developed a taste, and a flair, for forensic work which made his career from then on. Three people paved his way for him, two of them Guy's Coroners, Dr. P. B. Skeels and Dr. Louis Beccle, Essex Coroners who gave him their medicolegal work : the third was Professor S. P. Bedson of the London Hospital, then organising the E.M.S. in Essex. Camps started teaching students in the Hospitals he visited, showed a keenness to develop forensic medicine as an academic subject, and received strong help from Bedson who got him a Lectureship in the subject at The London.

Francis Camps became Reader in 1954 and Professor in 1963—only the second in London University (Guy's being first)—and he grew in stature by his own two hands. He wrote prolifically, travelled to every congress in his field, spoke whenever asked to—and often without. He became Secretary, and was later President of the British Association in Forensic Medicine, and occupied the same posts in the Academy of Forensic Sciences in which he tried to blend the disciplines of Law and Medicine to mutual benefit.

Everything he did was taken up with immense enthusiasm. It might be dropped or disappear into some limbo but whilst things were "on" they were definitely "on". People whom he needed for subjects were cultivated in no uncertain manner and he developed a remarkable wide circle of acquaintances, and not a few friends. His enthusiasms in the fields of standards of service in forensic pathology, in crime investigation, in alcoholic and drug addiction, in battered babies, in the need for reform in certification and Coronership (he favoured the Medical Examiner system used in America), all brought him into the public eye. He was unduly critical of the standards he saw among Hospital pathologists practising forensic medicine and brought upon himself a considerable unpopularity amongst them. The same intensity of enthusiasm often took him too far in Court also, and the witness box was not his best stage. Nothing was too much trouble, however, and many a defence Counsel has reason to be grateful to him for his help in making the Crown case—or doctor—look a bit threadbare. He enjoyed this, and was often to be seen around country Assizes giving such help, at what must often have been little reward in any direction.

Forensic Medicine has lost one of its figures in Camp's death, and though he had recently retired—and re-married—he was never a man to settle down. There was still so much he wanted to do, and so little time to do it in. He perforated a gastric ulcer and died a day or two later in his own first Hospital at Chemsford. It is difficult to accept that such a stormy figure is quietened even by death.

The Casualty Department and the Surgical Unit

by I. McCOLL

The Editor of the *Gazette* has asked me to outline some of the recent changes in the Casualty Department currently known as the Accident and Emergency Department.

In March of this year I was invited to take on the responsibility for the Department after a very successful administration by Mr. W. A. Crabbe. My objectives were to lobby for the appointment of a Consultant Casualty Officer in the future but in the meantime to try to implement the following before the end of the year :

1. To reduce the patients' waiting time.
2. To provide first class teaching facilities for students.
3. To promote research.
4. To redesign the whole casualty area.

1. *Patient waiting time.* It was thought that the waiting time could be reduced by having a lecturer in surgery (Mr. S. Donnan) responsible for the day to day running of the Department and the Professor or his senior lecturers paying daily visits to advise on treatment, teaching and generally boosting morale. Frequent meetings are now being held to discuss with the nursing and medical staff future plans and problems.

2. *Student teaching.* For a variety of reasons the student attendance had been falling off and we hope to improve this by having them work for a week at a time in casualty, providing them with a room in which they could be taught with the use of audio-visual aids and tutorials by the casualty officers and surgical unit staff. From the private funds of the Unit, tape-slide machines have already been purchased and will shortly be moved into the large room which the orthopaedic department have generously agreed to give up in exchange for accommodation elsewhere. Facilities for brewing coffee and tea will also be available.

3. *Promotion of research.* At the instigation of Professor Macdonald of the Physiology Department a small project on the treatment of drunks is to be undertaken. This type of activity inevitably raises the standard of treatment and even injects enthusiasm into these situations which most clinicians find distasteful.

4. *Redesign of Casualty Department.* The present site was originally planned as a car park for which it would have been adequate. After a considerable amount of consultation with nursing, administrative and medical staff especially Sister M. Helm and Sister H. Smith, it became clear that radical changes were required. The present arrangements entail a vast amount of traffic across the main entrance, which is commonly known as Piccadilly Circus, and this will be further aggravated next year when it also becomes the main entrance to the Department of Nuclear Medicine. It has therefore been proposed to divide the whole area into three parts—

1. West end including the main resuscitation area for stretcher cases which will enter by the west end door. Adjacent to this will be the Children's Casualty Department approached through a separate entrance (present site of the yellow renal unit formerly the site of the National Provincial Bank).

2. East end will house the orthopaedic department (moved from west end) and the blood transfusion department.

3. The Central area would cater for the walking cases and general practice type of patient and would be approached through the main entrance.

If a consultant casualty officer is appointed then the surgical unit will be able to withdraw from the casualty scene. This will happily reassure its critics that the surgical unit has no territorial claims outside the 2nd Floor of New Guy's House.

It should be emphasised that these are merely proposals which are being aired throughout the hospital but there is a very good chance that they will actually be accepted and implemented.

NOTICE

Guy's Hospital Boat Club would like to thank sincerely all those who contributed to our new boat fund, enabling us to participate in racing at Henley Royal Regatta.

NURSING

The Patient's Viewpoint

It is a fact, that the majority of those who work in hospitals in a medical or nursing capacity are extremely concerned for the welfare of their patients, and also for the efficiency of the service supplied to them. In view of this, they are frequently at great pains to improve the facilities which they know only too well are very often deficient. To this end therefore, many nurses are anxious to obtain the genuine opinions of those who have had the somewhat dubious pleasure of being exposed to their ministrations, and in many instances this is not difficult to obtain.

Since every member of the population is a potential patient it is evident that sooner or later a proportion of one's own friends and acquaintances will have to experience the National Health Service from the other side, and not surprisingly, because their knowledge exceeds that of many of the lay public, their retrospective comments are usually most astute, and sometimes very discouraging.

Amongst the more favourable comments offered are those concerning the kindness of hospital staffs. Conversely, however, one of the most saddening and frequently voiced criticisms refers to the disinclination of hospital staff to reveal to patients and relatives, information which it is their right to have, and furthermore to explain routines and procedures, which to nurses and doctors, are commonplace, but are to others extremely perturbing.

The former point is the more frequently expressed but the second is not brought forward so often.

With regard to the spread of information, it is something about which all those concerned should think seriously. Admittedly it takes time to explain to worried individuals a concept which they may well find difficult to grasp, so many evade the responsibility, and thus are guilty of causing even more distress. Personal experience as a Ward Sister very soon demonstrates the need to return to relatives and patients a short while after they have been interviewed by the doctor, and during conversation, encourage them to repeat what they were told. The revelations are remarkable and re-explanation usually is required. If, however, they are satisfied eventually, the time taken is well used.

With regard to the second point it requires only a small amount of thought to explain to patients a Ward routine. If nobody tells them that the House Officer and medical student will both wish to ask exactly the same questions at different times, it comes as a surprise and cause for concern. A few minutes, however, on the part of the staff explaining this would prevent the anguish which frequently occurs.

Hospital Staffs have still a great deal to learn about their approach to patients. The British public on the whole are very tolerant. This though is no reason to allow the continuation of attitudes which have not altered for many years. To change these would not require a great deal of effort, but it could save a very large amount of unnecessary distress.

The Boat Club at Henley

Recently the Boat Club has had a fair measure of success in four's racing, culminating in a week at Henley Royal Regatta.

ALLOM CUP

Following our recent Bumps victory our eight was unfortunate to lose to St. Mary's in the Allom Cup, having beaten them convincingly the previous week. The IV however fared better winning the Elite event, beating Imperial College and University College, both crews being well stocked with U.L. purple oarsmen.

READING REGATTA. SEN. A IV'S

This regatta, rated as one of the top three in the country, provided some tough competition. In the first round we met Upper Thames R.C. and beat them by half a length, the time being the fastest of the day at 4.58. Our next opponents were the London R.C., against whom we won comfortably by $2\frac{1}{2}$ lengths, taking us to the final where we met Hereford R.C. We paddled to the start with some trepidation and a great deal of discussion about race tactics. Off the start we stayed level against the bend, then building up a lead of $\frac{3}{4}$ of a length at the half-way distance; however, they proved to have the greater reserve of strength and pulled away to win by two lengths. We were disappointed not to win in this, our first open regatta, but on the basis of this performance made our entry to Henley Royal Regatta.

MARLOW REGATTA

The good fortune we encountered at Reading left us as did our main source of stability in an otherwise inexperienced crew, resulting in a re-rig of the boat which our steersman found difficulty in adjusting to. We lost in the first round to Burway R.C., who later went on to the final, giving us an excellent opportunity to observe our future Henley opponents and also to enjoy the questionable delights of a nearby fun fair.

B.U.C.E.F.

Selection by the U.L. coach, Alan Watson, to row for the University in Championship coxed fours at the new 2,000 metre course at Holmepierre point gave us an introduction to international rowing on Britain's first multilane course. Our opposition included the Cambridge IV recently returned from Ratzburg as well as elite crews from Oxford, Exeter and Ireland. This was our first coxed event, a factor which proved decisive. Five strokes off the start our cox developed a vicious cramp of one of his lower extremities; such was his agony he let out a piercing scream, and forgetting his coxing duties thrust the offending limb over the side of the boat. This position prevented stroke from reaching frontstops, thus depriving our opposition of their main competition. We also encountered a very strong headwind with resultant rough water which our light crew found to be a great disadvantage, and we finished sixth.

HENLEY ROYAL REGATTA

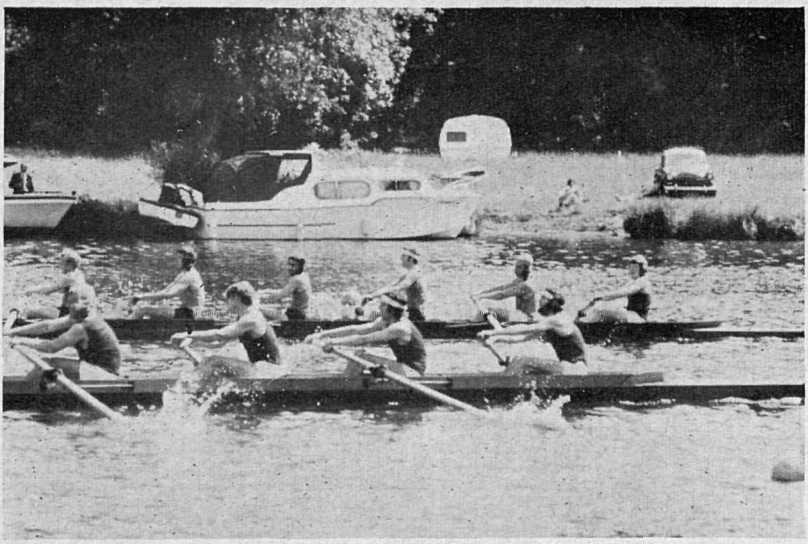
With the timely delivery of a fine new coxless IV from Roland Simms of Nottingham (plug) the crew started training on the Tuesday preceding Saturday'se race. We found our first experience of such a light and well designed boat quite exhilarating, we came off the water well pleased with our first outing on Henley Reach. Wednesday and Friday were spent having several outings each day which gave us time to improve our technique and stamina as well as learn the all important landmarks . . . . Barrier, Fawley and Remenham Club. Saturday morning saw four very nervous creatures, three of whom had completely disdained breakfast, rowing down to the start. We were to face Clare College, Cambridge, in the qualifying race of the Visitors' Cup, an event open to Colleges and Universities throughout the world. Clare College proved to have a fast start, taking half a length by the top of the island; this lead was maintained until close to the finish when they went away to win by two lengths. This was the closest race of the qualifying races and we were unfortunate to meet a crew of such high standard so early in the regatta.

Remembering the "eggs and basket" proverb the Group four were pleased to accept an invitation to represent U.L. once again, in a composite crew competing in the Ladies' Challenge Plate, the cox of this VIII being provided by the generosity of Guy's Dental School. Training in this crew commenced after our defeat in the IV; after a surprisingly good first outing it was unfortunate that we were unable to coalesce the different styles which were inevitable in such a crew—even so we were pleased with our performance in taking half a length

The Guy's IV during practice at Henley

Start of the race against Clare College

Boating for our VIII race



The Race against Fitzwilliam College

off Quintin R.C. in a practice row to the Barrier. In the first round we were drawn against Fitzwilliam College, Cambridge, an unknown quality who showed themselves to be very fine opponents. On the start the Umpire's alophenic words of "When you are straight and ready I shall start you like this . . . Are you ready? Go! Get ready please, brought fear to the crew. In the first few strokes our crew went into a lead of about one man, this was to be the position during the race except at the half-mile signal when a previously planned spurt for 30 strokes caught Fitzwilliam unprepared and we took a lead of a quarter of a length. However, at the enclosures the crews were level again, the crowd being greatly pleased at such a closely contended race. Cambridge had been under-rating us and in the final stages of the race were able to spurt ahead to win by one-third of a length, again giving the closest race of the day. After such a fine race we were treated to a superb picnic on the banks of the river kindly provided by Professor and Mrs. Cawson.

The four will continue training in preparation for the Boston Marathon, and with the experienced gained at Henley this year and a further year together we have established a solid basis for a return to the Royal Regatta, where we are convinced that the Visitors' Cup is not out of reach.

It only remains to thank Robin and Sue Rippon for their very generous hospitality, their superb food and never ending tolerance during our fortnight's stay at their house. We hope to return next year.

We should also like to thank all those who made our visit possible, especially those who contributed toward our new boat, which was officially launched on Saturday, 15th July, by Mrs. J. W. Mansie.

REVIEW

GUY'S HOSPITAL THEATRE CLUB

A DAY IN THE DEATH OF JOE EGG

by Peter Nichols

The basic story of Peter Nichols' great play is by now quite well known. We are presented with an evening in the course of the long death of Josephine, the epileptic spastic daughter of Brian and Sheila. It is a brilliant play, which should be incorporated in the regular Medical School curriculum. It is unexpectedly enjoyable—heartening where it could have been harrowing; moving where it could have been sickening; and witty where it could be accusing. Without doubt it was the single, most valuable educational experience offered at Guy's this month; and it attracted good keen young audiences, though not as many of the more senior members of the hospital community as would have benefited from it. Does everyone at Guy's over 22 die after 5 p.m.? Is there death after life?

Although one might think that the play would be mainly about Joe's infirmity, she fulfils a similar role to the non-existent son in "Virginia Woolf"—the central figure, largely created by the other characters' fantasies, that serves to display their weaknesses. And this is the real lesson of Joe Egg—*"Everybody's damaged in some way."* Except when Joe steps right out of character to address the audience—one of the author's largest mistakes, when he can't think of any other way to close Act I—Joe sits and dribbles and mutters and occasionally has a fit. She has developed no character of her own, so her parents invest her with a series of characters; just as she is at the centre of Britain's black-and-blue, bruised jokes, that help him to bear the awful reality of their life.

"Everybody's damaged in some way." Sheila, "a truly integrated person" is superficially the most poised. A successful denier of the situation, she has constructed a system of hope, based on her chance observation of some semi-purposive movements by Joe some years earlier—"a vegetable couldn't have done that." Brian has no hope, and is left to compete desperately with Joe, the pot-plants, and the stick-insect, for Sheila's attention. She "loves all living things", but he can't bear much competition. Pam, superficially svelte, is really equally insecure—she "can't stand anything N.P.A." (Not Physically Attractive) and cannot cope with anything more than her tiny circumscribed area of dependable and deodorised love. Freddie, "I tend to raise my voice when I'm helping people", can't see why other people don't take him as seriously as he does, and why his good Socialist intentions never quite come off. Grace, Brian's mother, finds herself a stranded victim of inflation, "like a bloomin' nun", and usually talking to herself.

The professionals, from whom the family might expect to find help, are appallingly typical. In affectionate sorrow rather than anger, the couple re-enact their encounters. There is the G.P.—"nice,

bone-headed". We have all met his like (and most of us have caught ourselves being him, in unguarded moments)—the non-reassuring reassurance, the sample from the morning's post, the nice line in complete non-communication with his patients, and the wistful tendency to see any problem in dependable motoring terms—we'd all be better if our tappets were properly adjusted. Dr. X meets Mrs. Umm . . . There is the paediatrician who succinctly declares Joe "a Wegetable". By making him German, the author weakens the point, however. What is really frightening is the English-speaking doctors who can't speak English. Having completed the tests, and made an elegant diagnosis, he has no time for the parents. We know his type, too. Honour is satisfied so long as the patient dies with her electrolyses in balance and her β-lipoproteins carefully monitored, and it is tedious of the relatives to want anything more. Then there is the painfully cruel kindness of the gentle vicar—a smile and a song, a puff and a platitude for every occasion. "Your child's illness does not please God."

Everyone in the health professions stands to learn a lot from this play. Having partly contributed to the child's condition, the professionals fail to help the family, who get imagery when they want magic, parables when they want compassion. All "good men, kind and sincere", they still massively miss the point. Unable to save Joe's life, they successfully prolong her death, rather than "let all our work go to waste."

The Theatre Club are to be congratulated for producing such a passionate version of this powerful work, directed by Keith Freeman and produced by Steven Large. The set was very well designed and constructed (Stage-manager, Robert Williams) and the bit-part players are admirable—the budgie was a great stoic, and the goldfishes sang-froid had to be seen to be believed. The lighting was effective, though the dimming when characters spoke directly to the audience, was not smooth enough. Chris Gilbert is to be commended for good programme design.

Lin Thomas was a splendid Sheila. She is very natural, moves well and gracefully on stage, and is notably comfortable in her relationship with the audience. Warm and convincing and impressive; with a spark more anger in some passages, the performance would have been outstanding. Mark Turtle as Brian was also very effective, especially later in the play and in his quieter passages. The element of muddle and confusion in his actions in Act II, was very well conveyed. He needs more control in his fortissimo passages, though. At such times, his inflection is more forced and his movements more stagy than when at his best.

Chris Evans, thou whom Marble is not more Arch, was very P.L.U. A classical cool, trendy, she brought gurgles of delight from the audience with almost every line delivered in that wet-look voice. Tim Bayliss communicated Freddie's unease with conviction; the comfortably bourgeoise plastic socialist, host by his own school tie. Liz Newbry as Grace carried well the age and gaucheness of the character, and though a little loud at first, had mellowed by the end of the week. Shirley Waters was a very fine Joe, pink and pale and torpid, coping

admirably with the difficulties of this very unusual part, so limited in content yet so crucial in execution.

The production was very effective, though rather over-eager in its pace. A lack of experience in timing the delivery of comedy to a live audience was shown by all the actors, and should have been improved by the otherwise skilful direction—many times each night several superb lines were wasted by hurried timing, running them into the laughter. This is one of the central problems of directing a comedy, yet proper timing of each line can be a joy when the actors take this seriously.

May the Theatre Club long continue its civilising influence upon us.

Michael A. Simpson.

CORRESPONDENCE

Guy's at Sea

SIR,—I thought the *Gazette* might like to record two fine ocean voyages recently completed by old Guy's men.

Dr. R. A. Andrews arrived in Plymouth in April, 1972. He set out in August, 1969, and circumnavigated the world in his 11-ton yacht, "Merlin". The crew of the trans-Atlantic voyage were his wife and his nephew, the son of another Guy's man, and for the rest of the circumnavigation he was accompanied by a young crew of two people at a time.

Dr. Oliver Green, a Physician at St. John's, Newfoundland, who in the summer of 1971, bought his 7-ton yacht, "Molly 2", an Arpege, in La Rochelle. He and his wife and three younger daughters, sailed the boat via N.W. Spain and spent five days in the Azores and proceeded to St. John's, Newfoundland, in a total time of 34 days—in such a small boat a truly remarkable voyage.

I am proud to say that both these men, who are over 60, have been shipmates of mine on many voyages in the past.

Yours sincerely,

W. G. GILL,
M.Chir., F.R.C.S.

Meadrow House,
Godalming.

Dentists' Dilemma

SIR,—Derek Stubbs has to all intents and purposes asked me to "get with it" and do a bit more modern reading on computers. Well, I have lived long enough to see and experience the outcomings of "modernism". I am one of those few left who qualified as a dentist before the war. We were taught the use of the rubber dam, Box cavities so far as possible, enamel chisels and marginal trimmers as being the fundamental neccessities of good work. We were brought up in an atmosphere where to incur debt, pre-marital intercourse or divorce placed one outside the pale of the society to which one belonged as a dental surgeon, in short what is now called "Square". Since those days we have been Nationalised, Works studied, called Economic Units, Efficiency organised, Computerised, Dehumanised and some bright spark even decided to measure the "Fatigue in Dentistry" so we could be pushed to the limits of our endurance, all for our own interests of course but in reality in the interests of National finances and politics as has since become only too obvious. All this is at the expense of ourselves, our human relationships, our feeling of compassion and careful meticulous, time consuming, uneconomic, personally directed work for our patients only. The result is to be seen in the astonishing rise in legislation against dentists as shown in the Protection Society statistics since those days. The fact that one is paid again so long as the "job" done, for that is all it is to a computer mind, has lasted more than a year, is not conducive to good work. Dentists are forced into mass production by debts incurred essentially to enable them to start practice at all on their own. Preventive treatment such as the filling of non-

carious teeth which are certain to decay is not permitted because it is not a computerisable factor and is fraught with uncertainty and possibility for cheating at the game and is regarded as "only a matter of opinion" by the authorities. This is all very efficient, administratively tidy, a proposition presentable to the professionally ignorant gas bags in Parliament, well organised, economically thriftly, all this and a lot more but Inhuman, Inhumane and devoid of friendliness (an at-one-ment with the patient), compassion, sympathetic joy, and equinimity. Lin yu Tang said there are three American diseases which send them all to the madhouse before they die and they are (1) Efficiency, (2) Puntuality, (3) An inordinate desire to be first in the world. Is this what Mr. Stubbs wants because it is here already with worse to come. The mind to which our "job" is attached is not considered by the computer to be economically considerable and is thus disregarded as a factor in treatment hence we now have "Whirlwind filling factories". May I ask all students to read once again Professor Martin Rushton's Presidential Address to the British Dental Association before they get too enamoured with computers and the way they are used. I reiterate, "We cannot live with computers but only exist like them". This is because Man is bound by Greed, Hate and Illusion—however that is going all old fashioned again.

With metta, O. BALEAN

Harcourt,
13, The Ridgeway,
Chatham, Kent.

Sport at Guy's

SIR,—Dr. Ian Baker's letter in the *Gazette* of 1st July prompts me to wish to add my views through the courtesy of your columns.

Dissatisfaction with team selection is inevitable from a few in any representative sports club. However, it is usually symptomatic of the keen competition for places in senior teams. I am surprised and consider it unfortunate that the Sports Editor takes up a position opposed to the concept of competition. The formation of social teams with little or no competition for places is surely defeatism. Of course they provide an amusing alternative as does the summer six-a-side soccer which so stirred the imagination of the Sports Editor. Those alternatives however should be within the framework of sports clubs organised along conventional lines. If the student attitude is against training and practice it is wrong and contrary to the fundamental meaning of sports. Such an attitude does not need to be catered for.

I know that many of my contemporaries will resent the criticism of Dr. Baker implicit in the Sports Comment. He has probably done more as player and official for the Rugby Club than any other individual in the last 15 years. His service to the club started before 1961 when I came to Guy's and started playing in junior teams. As a non-playing secretary he managed to watch all the junior teams at one time or another. At that time eight teams turned out regularly. This I am sure laid the foundation to the successful years that followed. His service has spanned many years as a player, including two seasons as captain, and I am confident that he continues to hold the office of Secretary in the same efficient and considerate way.

I was rather amused at the phrase "well disciplined fitness fanatics of former years". I'm sure that Dr Baker in his time as captain never thought of this correspondent in those terms. Certainly professionalism and sociability were always compatible.

It is relevant that Marc Rowland felt over-exposed to the vigours of training and playing for so many years, experienced the urge to play again, was disappointed but then found satisfaction in the Artists?

I am confident that the views expressed in Sports Comment do not reflect the views of the club as a whole. If they did, then the oldest Rugby Club would be going through a lean spell indeed.

Yours sincerely, ALAN J. KINGDON

6, Old Bridge Close,
Bursledon,
Hants.

Shaving Patients

SIR,—It was with great horror and wrath that I read Eileen Dixon's letter in which she inferred that it should be the unquestioned rôle of medical students to shave male patients for operation. I do not know the position at other teaching hospitals as I am too embarrassed by our abuse to enquire. At some hospitals female nurses do shave male patients and I think this is wrong. Either there should be a special infra-cephalic barber to shave patients or it should be done by male nurses. I welcome the recent apparent increase in male nurses at Guy's; a great coup for men's lib.

Too often students are cajoled into performing menial chores on the pretext that if we refuse the patients will suffer. We are here to be educated as doctors of the future. The surgeon-barbers are supposedly extinct. I have achieved several successes in recent years in alleviating the exploitation of students but much remains to be done, including the eradication of some delusions among some nurses.

Yours faithfully,

PAUL HEWISH,

Chairman, Student Medical Education Committee.

East Wing,
Guy's Hospital.

South Africa

SIR,—It seems from the second part of the 1st July's News in Brief that once again it is South Africa bashing time. It is essential to view South Africa in the context of Africa and not of Western Europe with the exceptions of Spain, Portugal and Greece. This is why many of the facts and figures which one hears are so misleading.

However, the need for change is great and I know that most of the white, English-speaking South Africans want it. I do not know much about the Africaaners' views. Change must be accomplished gradually or instability will result but if it does not occur a condition of great revolutionary potential will result. The South African Government are not prepared to show that they have been influenced by pressure from other countries and they are eager to blame any trouble on foreign agitators. This is illustrated by one "foreign agitator" who was recently named in their parliament as he was born in Sheffield. What was not mentioned was that he emigrated to South Africa at the age of six and so did most of his schooling there as well as his national service. It is obvious that any attempt by foreigners to influence South African politics, however well-meaning or however trivial must be counterproductive. I believe that if left to their own resources, but only if left alone, they can evade the crisis and build a nation of great economic wealth.

Yours sincerely,

PAUL HEWISH

East Wing,
Guy's Hospital.

Norman Bedow

SIR,—Will you permit me to thank, through your columns, all those who have so generously contributed to the fund we are raising to mark the retirement of Norman Bedow, our Chief Technician, after some 45 years devoted service to the Chemistry Department, more recently the Biochemistry and Chemistry Department, of the Medical School. It is proposed to make a suitable presentation towards the end of September.

The fund is to remain open until September to permit anyone who wishes and who has not been able to contribute so far to send his donation to me, c/o this Department.

Yours truly,

F. H. BRAIN

Biochemistry and Chemistry Department,
Guy's Hospital Medical School,
London, S.E.1.

SPORT

SPORTS COMMENT

CHANGING THE CONSTITUTION—WHAT SHOULD SPORTSMEN THINK?

One is tempted to ask in what way the proposed replacement of the Clubs' Union Council and the Students' Club Council by a Students' Union will affect those of us who are sportsmen. There seems to be little doubt that it is desirable to have a Student Union with a council which is democratically elected by the whole student body and staff. In this way everyone in the hospital gets more direct representation of their particular interests.

However, up until now sporting activities have been favourably treated owing to the organisation of the present constitution—sportsmen do not have to be politically interested to gain representations; it is automatic. It is often true, although not always so, that the politically minded students do not having sporting interests and vice versa. It is, therefore, possible, although unlikely, that sport could be somewhat squeezed in the future by our more radical colleagues.

Of course the proverbial crunch comes when one considers who holds the purse strings. As long as the finances continue to be controlled by a proportion of the staff and are not allowed to fall exclusively into the hands of students, then a balanced distribution of activities should be achieved.

I am not suggesting in this comment that sportsmen should oppose the new proposals. I think in principal that they are excellent. I am merely pointing out that they should at least sit up and take notice so that their interests are adequately safeguarded.

PAUL CALVERT

TENNIS CLUB

FINAL REPORT OF THE 1972 SEASON

This has been a rather disappointing season with 13 matches played, 5 matches won, 6 lost, and 2 drawn. Difficulties in raising a team of sufficient strength came to a peak in mid-June with imminent examinations for all, when Guy's were unable to raise a league team to play against the London Hospital. This was especially sad as that team was the weakest in the league and the probable result would have kept us in the first division this year. It now seems certain that we will be relegated to the second division. The results of matches towards the end of the season became progressively better and the last match against the City of London Police was a 9—0 win for Guy's.

Guy's desperately need a really top class pair like Mary's, Bart's and St. Thomas's. The standard of play is not very high here and tends to be on the erratic side. Chris Mackenzie was undoubtably our strongest player, with Philip Boyce becoming a better player as he gained confidence through the season. However, both these players were prevented from playing for Guy's as much as we would have liked because of examinations. The secretary, David Macpherson, could not be faulted for his attendance record, turning out for every match. His play tended to be hampered by a lack of confidence in match tennis and perhaps by a need for a restring. Arne Colman thrashed on with very variable success. Pal Rydning has sadly left the side to continue his studies in Oslo. He played some very stylish, if rather erratic, tennis. Nigel Bullock was new to Guy's tennis this year. He will be a very good player when he resists the temptation to overhit the ball. We had valuable help from Rex Yetton, John Grace, Mr. Peter Swiss, Richard Knight and Tony Edwards.

With three of our side leaving after this season, we should like to find some new talent. We feel certain that all the best tennis players have not come forward to offer their services, and we should be pleased to meet anybody keen to play for the club.

Yours sincerely,

ARNE COLMAN,
Captain G.H.L.T.C.

SUMMER HOCKEY

GUY'S v. NATIONAL WESTMINSTER

Tuesday, 18th July. Lost 1—2.

On a very warm summer evening at about 7.30 p.m. a Guy's team of mixed ability took the field against a fairly strong National Westminster team. The pattern of the game was established early on, the opposition attacking our goal most of the time with an occasional Guy's break-away attack. These attacking moves had considerable potential but unfortunately there was a certain inability to pass accurately at the correct moment with the result that the National Westminster usually managed to regain possession fairly easily. In defence Guy's held their own well, with John Cottingham in goal doing some particularly good work and saving several certain goals. At half time the score was still 0—0, and this was considered by most to be a creditable performance so far.

In the second half the game continued in a similar fashion. After about a quarter of an hour Nick Matthews was unlucky to have a penalty flick awarded against him for a fine stick save on the line following a well struck short corner—perhaps it was what is sometimes called poetic justice on account of his other infringement. Nevertheless the goalkeeper lumbered up and duly converted the penalty, making the score 1—0. Soon afterwards Bob Forber slipped unnoticed through the defence to level the score from a fine cross.

By now Guy's had almost ground to a halt owing to their lack of fitness—a good excuse in the middle of the summer—and the National Westminster scored their second goal whilst most of us stood and watched. Overall this was a good showing for a summer game when fitness and practice are inevitably lacking. It is also extremely pleasant playing hockey on summer evenings and more games would be welcomed.

PAUL CALVERT

CRICKET

GUY'S v. NOMADS

Saturday, 15th July.
Won by 6 wickets.

On the first hot Saturday of the season Guy's lost the toss and took the field. Nomads batted for three and a half hours to score their 225 all out. Ryan was the most successful Guy's bowler, taking four wickets for 57 runs. The other six wickets were shared between Arnold, Langdon and Jones. Guy's were left to score 226 in 140 minutes. Despite the attractions of the Test Match and Open Golf Championship Nomads were persuaded to go out to field. The innings was got off to a fine start by the opening partnership between Langdon and Winter, who put on 150 runs before Winter was bowled for 42. This was easily the highest partnership of the season by Guy's, even though they had to put up with persistent time-wasting. After Winter was out, Langdon soon followed, being bowled for a magnificent 119, during which he had only given one chance, and that after passing the century. Rees scored 18 and Jones nine, but Guy's were left with 20 to score off the last three overs. These were knocked off in fine style by Hanson and Glenn, allowing Guy's to coast to a six wickets victory with four balls remaining.

GUY'S v. BICKLEY PARK

Sunday, 16th July.
Match drawn.

After a fine win against the Nomads the day before Guy's had an equally exciting game against Bickley Park on Sunday. Guy's won the toss and elected to bat on a very good Bickley Park wicket. Once again Langdon and Winter opened the batting and once again they started with a 100 partnership. Winter was bowled just short of his 50 for the second time in two days. Langdon swept on to his almost inevitable 100, his third in three innings. Williams scored a good 41 not out and Evans 15 not out. Guy's declared at 216 for two wickets while memories were searched to remember the last time a No. 5 did not bat in the Guy's side.

Bickley Park looked to be coasting to an easy victory at 199 for four, but then Wright was brought back on to bowl with Dickens, a recruit from Bickley Park. The picture changed dramatically and Bickley started the last over needing 12 runs to win with three wickets in hand. Evans produced a fine stumping on the first ball and the second ball bowled the new batsman. However, the Bickley number eleven was able to play out the last four balls despite being crowded by nine Guy's fielders and the match was drawn. Wright took three wickets for 59 runs and Dickens three for 19.

The following persons were awarded Blues at the Blues Committee meeting of 29th June, 1972 :—

RUGBY FOOTBALL

Full Blues : T. Gibson, M. Danford, C. Croft. Half Blues : K. Rigg, N. Allan, T. Druett, H. Holliday.

HOCKEY

Full Blue : P. Calvert. Half Blues : J. Cottingham, C. Crawshaw, A. Holland, B. Jones, B. Lakhani, P. Nicol, P. Wilmer.

ATHLETICS

Full Blue : R. Nichols. Half Blues : R. Yetton, C. McLaughlan, T. Portelli, N. Avery, K. Brame, R. Forber.

SQUASH

Full Blue : E. Evans. Half Blues : A. P. Edwards, J. Lewis, I. Harrison, I. Nicholson.

BOAT CLUB

Full Blues : G. Moulding, R. Pinkney. Half Blues : C. Andrew Chivers, C. P. Stuart Bennett, F. J. Moothouse.

The Blues Committee would like to congratulate K. Sheppard, I. Nicholson and C. P. Stuart Bennett on their outstanding successes in the various sports outside the Hospital.

The next Blues Committeee meeting will be on Friday, 20th October.

I. MACKENZIE,
Blues Committee Secretary

HOSPITAL INFORMATION

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered dental practitioners for the appointment of **Lecturer** (5 sessions per week) in the Department of Conservative Dental Surgery with duties commencing on 1st October, 1972. Proportionate salary within the full-time range of £2,450 to £3,926 per annum. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Dental School, London, SE1 9RT, not later than 8th August, 1972.

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Junior Lecturer/Lecturer** in the Department of Forensic Medicine, with appointment to commence of 1st October, 1972. Salary in the range £2,070 to £2,260 for Junior Lecturers and £2,450 to £3,926 for Lecturers, plus L.A. and superannuation. Application forms are obtainable from and should be returned to the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT by **22nd August, 1972.**

PASS LIST

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June, 1972
P. W. R. Harris

UNIVERSITY OF LONDON

M.D.
May 1972
R. A. Miller

M.D.S.
May 1972
E. M. Bearn

Ph.D.
April 1972
D. S. Turner (Biochemistry)

ROYAL COLLEGE OF PATHOLOGISTS

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Dr. and Mrs. B. J. Rowlands, 27 Chancet Wood Rise, Sheffield, 8, Yorkshire. Telephone Sheffield 758393.

Hugh and Ann Sturzaker, 69 Waldronhyrst, Bramley Hill, South Croydon, Surrey, CR2 6NZ.

Dr. M. S. Vernon, 145 Maldon Road, Colchester, Essex.

Mrs. J. M. Wild, B.D.S., 22b, Terrace Street, Toowong, Brisbane, Queensland 4065, Australia.

PAPERS BY GUY'S MEN

Anstee, B. H. The pattern of psychiatric referrals in a general hospital. *British Journal of Psychiatry*, 1972, **120**, 631.

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Weller, R. O. and Nester, B. Histological reassessment of three kidneys originally described by Richard Bright in 1827-36. *British Medical Journal*, 1972, **2**, 761.

PERSONAL

BARKING, ESSEX. Assstant Dental Surgeon urgently required for busy High Street Practice. Two Surgeries. Low Level Equipment. Full Technical and Chairside Staff. Magnificent opportunity as Principal has retirement in view. Telephone 01-594 1630.

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NEWS EDITORS T. J. GOULDER and D. I. F. KELLEHER
SPORTS CORRESPONDENT P. CALVERT
NURSING CORRESPONDENT Miss P. M. JEFFERIES
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FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2194

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Thank You, Mr. Todd

Within a few years, preclinical students at Guy's will have twice the present number of subjects for 2nd M.B.

The Todd Commission will introduce the student to the medical aspects of psychology, sociology, statistics and genetics. Of these, the first two will raise the most eyebrows.

Compared with other British Medical Schools, Guy's is perhaps the least fashionable regarding syllabus. Whereas other schools have been enjoying psychology and sociology as a fully integrated part of their course, Guy's has not yet converted to the new-style 2nd M.B. format.

Many of the students will complain that they already have enough on their plate, whereas for others with a more sensitive palate, this will merely whet their appetite during the increased two year 2nd M.B. course. However, it is difficult for preclinical students to estimate the value of the change.

The staff realise the problems students face with such a mountain of facts to conquer. They are, however, anxious to warn us that medicine is a science, and so organise a worthwhile research project during the third term.

Also they are equally keen to remind us that a broad education is an essential component of the course.

For the student who has not yet sold his soul to the Biochemistry Department (and there are some), the clinical applications of the metabolic pathways he has to tread (however tenuously), are hard to visualise.

We are therefore faced with a considerable amount of factual material with which to become acquainted, in 18 months.

Is it fair and indeed possible to increase our burden?

Yes, the extra subjects will introduce to those fortunate students in the near future, an extra ray of interest—and "quelque chose de nouveau" into the spectrum of their studies.

Psychology and sociology are two subjects very much in vogue at present.

It is only just to give medical students an insight into basic clinical problems, before they get on the wards.

Professor Hazelwood once mentioned that the presentation of a biochemistry course instilled an unconscious confidence into students. This is surely true.

In the same way, the Todd Commission's plans will, perhaps, make a student more academically keen and clinically confident than in the past.

C. HANDLER.

(Mr. C. Handler is a pre-clinical Medical Student. This Passim is his entry for the competition we announced in issue No. 2190.)

GUY'S DIARY

DEPARTMENT OF POSTGRADUATE STUDIES

POSTGRADUATE MEETINGS FOR AUGUST

TUESDAY, 1st
12.30 p.m. New Cross Hospital—Clinical Meeting on Ward 9A.

THURSDAY, 3rd
12 Noon Paediatric/Psychiatric Case Conference at the Evelina Hospital in Hector Cameron Ward.

FRIDAY, 4th
8.00 a.m. Meeting in the Demonstration Room, Dept. of Surgery, 2nd Floor, New Guy's House.
12.30 p.m. G.U. X-Ray Meeting in Medical X-Ray Department.

SATURDAY, 5th
11.00 a.m. Neurosurgical Unit Conference at the Maudsley Hospital.

MONDAY, 7th
12.30 p.m. St. Olave's Hospital—Staff Round in Conference Room.
12.30 p.m. Combined Orthopaedic/X-Ray Meeting on Christopher Ward.
1.00 p.m. Paediatric Clinical Meeting in Diplock Ward, Guy's.

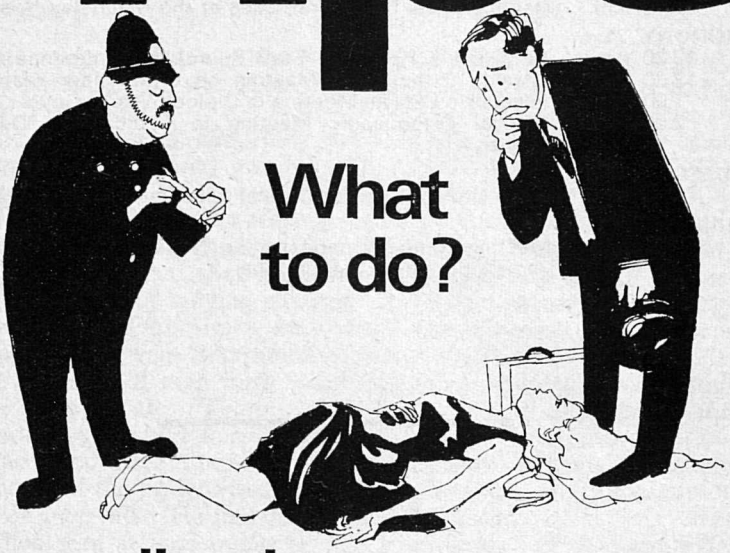
TUESDAY, 8th
12.30 p.m. New Cross Hospital Clinical Meeting on Ward 9A.

THURSDAY, 10th
1.00 p.m. Paediatric/Obstetric Clinical Meeting in Victoria Ward, Guy's. Dr. Stimmler and Obstetricians.

FRIDAY, 11th
8.00 a.m. Meeting in the Demonstration Room, Dept. of Surgery, 2nd Floor, New Guy's House.

SATURDAY, 12th
11.00 a.m. Neurosurgical Unit Conference in the Maudsley Hospital.

mps



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MONDAY, 14th

12.30 p.m. St. Olave's Hospital—Staff Round in Conference Room.
12.30 p.m. Weekly Orthopaedic Meeting on Christopher Ward.
12.45 p.m. Lunchtime Meeting in X-Ray Department.
2.30 p.m. Psychological Medicine Postgraduate Teaching Round at St. Olave's. Dr. D. Stafford-Clark.

TUESDAY, 15th

12.30 p.m. New Cross Hospital Clinical Meeting in Ward 9A.

THURSDAY, 17th

12 Noon Paediatric/Psychiatric Case Conference at the Evelina Hospital in Hector Cameron Ward.

FRIDAY, 18th

8.00 a.m. Surgical Meeting in the Demonstration Room, 2nd Floor, New Guy's House.

SATURDAY, 19th

11.00 a.m. Neurosurgical Unit Conference at the Maudsley Hospital.

MONDAY, 21st

12.30 p.m. St. Olave's Hospital—Staff Round in Conference Room.
12.30 p.m. Weekly Orthopaedic Meeting on Christopher Ward.
1.00 p.m. Paediatric Clinical Meeting in Diplock Ward, Guy's.
2.00 p.m. Clinical Orthopaedic Meeting in Orthopaedic Dept. in Casualty.

TUESDAY, 22nd

12.30 p.m. New Cross Hospital Clinical Meeting on Ward 9A.

FRIDAY, 25th

8.00 a.m. Meeting in the Demonstration Room, Dept. of Surgery, 2nd Floor, New Guy's House.

NEWS IN BRIEF

Whiter Shade of Pale?

The Medical School Office has temporarily been moved to the Physiology Department's "Respiration Room" whilst the office has a new coat of paint.

Modern Theatre

During the past two weeks the Anatomy Theatre has undergone a dramatic change—the 1930's seating has been completely uprooted. This is not the only scheduled improvement in comfort, for new upholstered seats, carpeting and modern acoustics are also to be fitted.

A Case of Suspected Soto's Syndrome of Cerebral Gigantism

By David J. Jones

Since Soto *et al*[1] in 1964 first described a syndrome of Cerebral Gigantism, nearly 50 patients have been reported in the literature. The following case was seen during an attachment at the Thamesmead Health Centre.

Case History

The male patient was the fourth child of previously unrelated, healthy parents. He was aged nine weeks when first referred to his General Practitioner.

The mother had had three previous live births and one miscarriage. The pregnancy was full-term and the delivery normal. The birth weight was 4.256 Kgs. (9 lbs. 6 ozs.), which is between the 90th and 97th percentile for his gestation and the head circumference was 36.8 cms. (14.5 ins.), which is also between the 90th and 97th percentile. It was noted that he had widely separated cranial sutures with a large but not bulging anterior fontanelle. Some minor twitching movements of his limbs were noted at three days but all these physical findings were interpreted as being within normal limits. His siblings were all of high birth weight and there was a familial tendency to large stature. There was no family history of epilepsy, and both mother and child were discharged home at 10 days.

Since then the mother had noticed occasional irregular twitching movements of the limbs which lasted 10-15 seconds, at approximately two week intervals. He had smiled at eight weeks.

When seen at nine weeks he had been listless all day, anorexic, and there had been irregular twitching movements of his legs and arms for the past two hours.

On examination he was fully conscious, and lying quietly with his eyes staring to the right side. He was afebrile, had patent sutures and a large anterior fontanelle, but there were no other signs of raised intracranial pressure. His cardiovascular, respiratory, and alimentary systems showed no abnormality. Examination of his central nervous system showed normal fundi; his limbs had slight hypertonia and the Moro, grasp and stepping reflexes were present.

His height and weight were both on the 97th percentile and his head circumference was between the 90th and 97th percentile. He was referred to hospital for a further opinion, where his head shape was thought to be unusual.

Investigations (at 10 weeks)

Blood analysis revealed no cellular, electrolyte or endocrine abnormalities.

Mid-stream urine :—	No significant bacteruria. No cells seen.
Lumbar puncture :—	Cells, none seen. Protein 30 mgs./100 mls. (Normal.) Culture sterile.
Toxoplasma Dye Test	Negative.
Cytomegalovirus Complement Fixation Test	Less than 1 in 8.
W.R.	Negative.
Echo-encephalogram	Normal.
Air-encephalogram	Abnormal filling of the sub-arachnoid spaces over the cerebral hemispheres particularly on the left side. This and other abnormalities were interpreted as evidence of cortical atrophy.
Electro-encephalogram	Abnormal with the following features :—Reasonable development of continuous cerebral activity. Slight assymetries and a general paucity of rhythmic activity were also commented upon.

He was discharged home with the provisional diagnosis of "Soto's Syndrome of Cerebral Gigantism", to be observed and followed up at home for any further signs.

Since his discharge he has continued to have occasional fits but these have now been controlled with phenytoin syrup—20 mgs. q.d.s. He is otherwise well, continuing to gain weight rapidly and his development appears to be within normal limits for his age.

Discussion

In his original paper Soto described patients with cerebral gigantism as having the following classical features :—

(i) An increased growth rate from infancy.

(ii) Acromegalic features.

(ii) Non-progressive cerebral dysfunction presenting itself as clumsiness and dull intelligence.

Other workers have since added more features commonly seen in patients with cerebral gigantism.

They are characteristically large in weight, length and head circumference at birth. (A series of 39 patients showed a mean birthweight of 4.002 Kgs. This is significantly higher than the mean for full-term infants in the U.K.)

They are born at full term or in many cases after, and grow rapidly during the early months of life, often showing gigantism.

Commonly they suffer from hypoxia and respiratory problems

Transform the Parkinsonian patient with

'KEMADRIN'

in Paralysis Agitans and Drug-induced Parkinsonism

'Kemadrin' brand **Procyclidine Hydrochloride**
Tablets of 5 mg. Ampoules of 10 mg. in 2 ml.
Full information is available on request.

Wellcome

Burroughs Wellcome & Co. Dartford, Kent.
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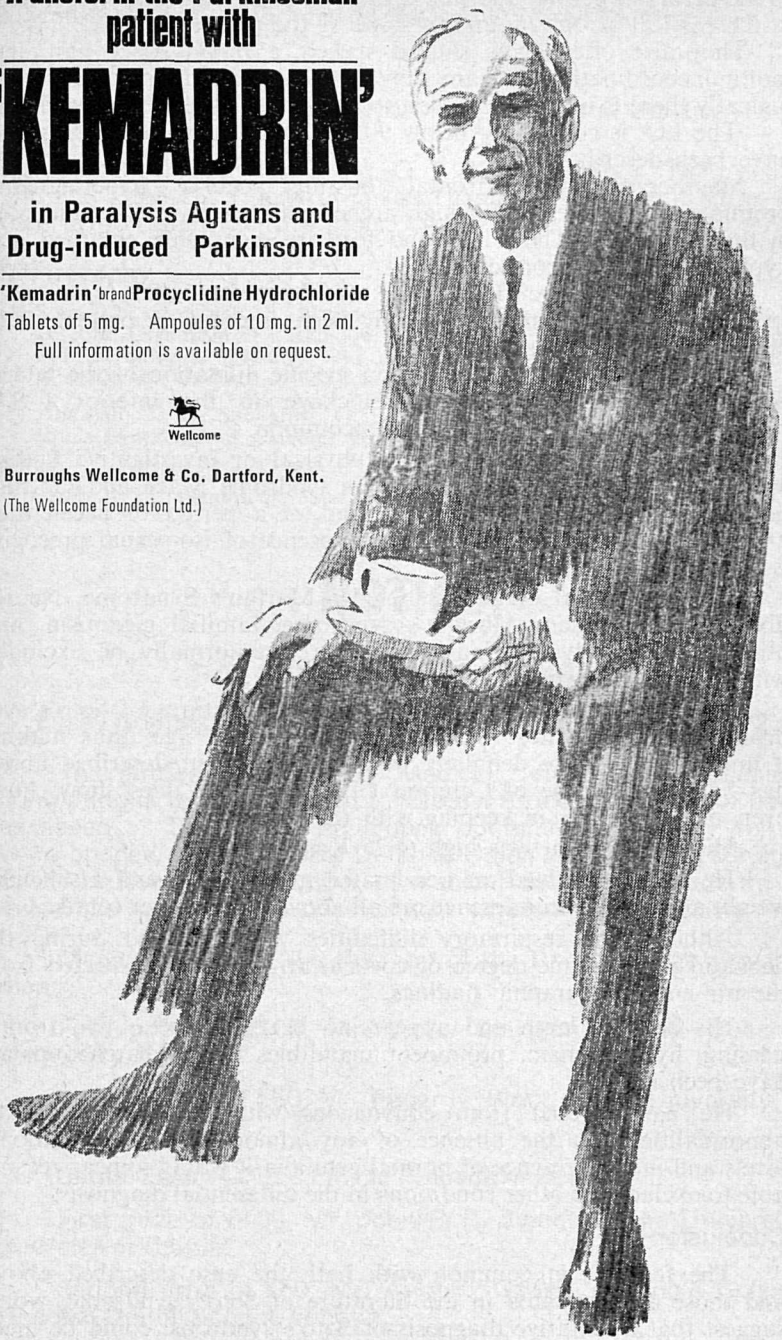

in the perinatal period, and this is thought to be a contributory factor in the cortical atrophy found in some of the reported cases.

They also often show slurred speech, a broad based gait, fine motor incoordination and are slow in mental development. Neurologically there is no specific lesion to account for these characteristics.

The I.Q. is commonly below 90, but children with normal I.Q.s have been described.

Macrocrania with frontal bossing, ocular hypertelorism, prominent mandibles and a high arched palate are well documented in the literature. The hands and feet are commonly enlarged and kyphosis is often reported.

Convulsions have been noted in about $\frac{1}{3}$ of the cases; non-specific E.E.G. abnormalities having been recorded in patients with or without convulsions.

Air-encephalography shows non-specific dilatation of the lateral ventricles without evidence of blockage in the inferior C.S.F. pathways. Cortical atrophy is not uncommon.

Although no single historical, physical or investigative finding appears to be wholly specific for this syndrome Mace and Gottlin[3] believe that the common clinical triad of a period of accelerated growth, advanced bone age, and the absence of iso-sexual precocity is essentially diagnostic.

The differential diagnosis includes Marfan's Syndrome, Neurofibromatosis, McCune-Albright's syndrome, familial gigantism, and other endocrine dysfunctions, but these can normally be excluded with clinical and laboratory investigations.

It is obvious that many of the common features of Soto's syndrome do not manifest themselves until a later age, thus making it impossible to state definitely whether the patient described above has Soto's Syndrome of Cerebral Gigantism. He does show, however, many features in keeping with the syndrome.

His birth weight was high (4.25 Kgs).

He has maintained an accelerated growth rate and his height, weight and head circumference are all above the 97th per centile.

Although no respiratory difficulties were reported during the neonatal period some degree of cortical atrophy was suspected from the air encephalographic findings.

His head is large and appears to be elongated. No frontal bossing, hypertelorism, prominent mandibles or high arched palate have been noted.

He has suffered from convulsions with non-specific E.E.G. abnormalities. In the absence of any abnormal serum hormonal levels and in the presence of normal genitalia it would appear reasonable to exclude the other conditions in the differential diagnosis.

Conclusion

The features in common with both the case described above, and those demonstrated in the literature of Soto's syndrome, would suggest that a tentative diagnosis of Soto's syndrome could be made and further observation of the patient would be of value to see if he

develops any more of the common features which would prove the diagnosis beyond doubt, and to assess his overall development.

Acknowledgements

Dr. P. Higgins and the Department of General Practice, Guy's Hospital.

Thanks are due also to Dr. G. J. A. I. Snodgrass, The London Hospital[2], and Dr. J. K. Rowlands, Thamesmead Health Centre, for their help in preparing this article.

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(2) Abraham, J. M., Snodgrass, G. J. A. I. (1969).
Soto's Syndrome of Celebral Gigantism (*Arch.Dis.Childh.* 44.203)

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NOTICE

THE MEDICAL DEFENCE UNION

Essay Competitions for Medical and Dental Students—1972

The entries for the 1972 Medical Defence Union's essay competitions for Medical and for Dental Students have now been assessed. The sealed envelopes containing the entry forms were opened at the Medical Defence Union's offices on 25th July in the presence of a number of medical and dental students to reveal the names of the prizewinners which were as follows :—

Medical Essay—"The Relation of the Doctor to the Government."

First prize of £100, Mr. Victor Loughlin, of The Queen's University, Belfast.

Second prize of £50, Mr. Roger N. Bloor, of the University of Liverpool.

Dental Essay—"The Ethical Practice of Dentistry."

First prize of £100, Mr. John F. R. Sweet, of the University of Wales at Cardiff.

Second prize of £50, Mr. Arun K. Gadgil, of King's College Hospital Dental School, London.

NURSING

Our Daily Bread—And What It Costs

The system of "Pay as You Eat" for meals has within recent weeks been extended to include every hospital in the country. The scheme, over which there was, and still is, a great deal of controversy is intended to provide more realistic costing for the hospitals, and also to prevent staff paying for meals they do not consume.

The Department of Health, it appears, has introduced guidelines to hospitals regarding the cost of food, but has carefully added the rider that if a higher quality of meal is offered, a greater amount will be charged. As a result some very strange anomalies appear to exist.

Some nurses have the somewhat dubious pleasure of being peripatetic in the course of their duties. In so doing, they inevitably are obliged to eat at a large number of hospitals, and are able to observe the system adopted in each. As a result, certain questions immediately spring to mind.

Firstly there is the matter of the method of payment. Hospitals apparently have the option of instituting meal tickets or payment in cash. The latter of course presents little problem, but when meal tickets are introduced there is one. Each hospital, it appears, has the tickets printed with its own name. Thus any visitors eating there have to purchase tickets specific to that hospital. When they depart there are frequently a number remaining which they have not used. It is then necessary either to give them away, thereby losing money, or to persuade someone to buy them. In view of this, why could not these tickets be printed with the title "National Health Service", and thus be interchangeable between hospitals? In this way, much frustration would be avoided, and if all hospitals adopted a ticket system it surely would cost no more than installing cash registers.

Then of course there is the standard of food provided in various hospitals, and the cost. It certainly appears that some authorities are no more scrupulous than certain catering firms in this country. The number of variations posing as main meals is legion. In one hospital a cheese salad will consist of a well-presented dish including two or three ounces of grated cheese plus half an egg, and a clean attractive salad. In another, it is a lump of cheese, a dirty lettuce leaf, half a tomato, and grated carrot. The cost however is the same.

Another curiosity about the system is the cost of odd items. Yoghurt, for instance, is now very popular as a dessert. Why, however, is it 6p in South London, 4p in North London and 5p in Oxford? Someone is overcharging and it would seem to be South London. The same applies to fresh fruit. Three-and-a-half pence for one apple is exorbitant, in view of the fact that four apples constitute a pound, and that at present apples are 10p-12p a pound. These meals are after all supposed to be subsidised, and the food in any case is not bought at retail prices.

One would be inclined to ask where does the extra money go? Could it be to supply those splendid banquets consumed free by Management Committees and Hospital Governors at their various meetings? And are the nurses now going to have to pay for the left-overs which previously they received free?

It seems that now the system of payment for meals is established, some serious thought is required. There is evidence that in some instances nurses are not receiving a fair deal. In a restaurant they could complain to the manager, but in a hospital they are unable to do this. One does not decry the system, but merely asks why these anomalies are allowed to continue?

BOOK REVIEW

BIOCHEMICAL VALUES IN CLINICAL MEDICINE. 4th Edition 1971. R. E. Eastham. Published by John Wright & Sons Ltd. £1.00.

Normal biochemical values can be found on report slips and in any of the standard chemical pathology tests. However, it is more difficult to determine the possible causes of an abnormal result. This book gives extensive lists of the pathological conditions which would either raise or lower the values from the normal as well as giving the physiological considerations which might also explain them.

With the revolution of the auto-analyser the time will soon come when the clinician will be faced with numerous results which he has not asked for and may question their relevance. In this book he will find their possible importance.

Although the author has undertaken an admirable task in summarising "the ways in which various conditions affect many biochemical tests", it is perhaps unfortunate that his index is solely a list of these tests; it might well have been worthwhile to give references to the estimations of use in the diagnosis of pathological conditions instead of necessitating a search through the main text. It is appreciated, however, that this could be dangerous in assisting "blunderbuss diagnosis using multitudes of tests".

It is a shame that when the author has given methods of calculating values in S.I. units where appropriate, he has persisted in using D.P.N. instead of N.A.D. However, this small book is eminently worthy of a place in all pockets with the B.N.F. It is to be recommended.

I. R. W.

NOTICE

The Panoramic views of the hospital which appear on pages 418 and 419 were kindly lent to us by Professor A. H. Rowe.

CORRESPONDENCE

Aesthetic Insensibility

SIR, I would like to draw the attention of Guy's Hospital staff to a very serious threat which now exists to a part of the Borough High Street conservation area, in which the Hospital is a prominent feature. If something cannot be done, the block of buildings consisting of Nos. 20-26 Borough High Street, 7 Bedale Street, and the houses in Green Dragon Court will disappear for another office building.

Although the initial design for the proposed building has been rejected, the Borough Council are unable to prevent demolition of the existing buildings because none of them is regarded as being of sufficient interest to be "listed", that is, specially protected from alteration or demolition. The fact that they happen to be in a conservation area is, at present, no protection at all.

I maintain that while the loss of 20-26 High Street would be serious enough (even though these date only from about 1870), the destruction of Green Dragon Court would be simple vandalism. It is centuries old : it appears, so named, on Rocque's map of London of 1746 and is thus clearly older than that. One of its houses, No. 4, is actually *late 17th century*, the rest apparently early 19th. No. 4 used to be listed as a Grade III building, but this has been cancelled because Grade III was insufficient protection to prevent the old timber-work inside from being removed, as it has been! Incredible, isn't it?

Anybody with half an eye can see how the Court could be restored into a charming little pedestrian shopping street. Somewhere, there still exists an 18th century wooden shop-front which used to belong to No. 4 : why not put it back? The others could have suitable shop-fronts reinstalled as well. But if this redevelopment is allowed, the site of the Court would become a parking and service area for the offices and shops. Why should this charming little byway be sacrificed—containing, as it does, one of the oldest houses in the area—while the other courts and alleys (e.g. White Hart Yard, etc.) are carefully protected?

Would the staff of Guy's like to add their voices to my protest against this? Only adverse local criticism and agitation can stop it—nothing else.

Yours faithfully,

B. G. MORLEY

13 Northchurch,
Dawes Street,
SE17 2AQ.

Hewish Defurred

SIR,—Many of your readers will be grateful to the prolix Mr. Hewish for explaining why he is at Guy's. Some will have noticed that he distorted Miss Dixon's original statement in order to give weight to his views, presumably proletarian in origin.

He is good enough to remind us that he has achieved several successes in recent years in alleviating the exploitation of his brothers. With those of Mr. Hewish's kidney, it must be only a matter of time before he leads them out on strike—pickets on at Hunt's House no doubt.

Some of us who have been surprised at the increasing reluctance of patients in teaching hospitals to be examined by students will be more enlightened.

What will perhaps be a revelation to Mr. Hewish and those of his ilk is that, while the assimilation of facts from text-books, etc., has to do with learning, it has little to do with education, whereas the execution with grace of such tasks as shaving a patient, menial though he may consider them, definitely has.

Yours faithfully,

B. A. TUDGAY

Belmont Surgery,
Wadhurst, Sussex.

SIR,—Mr. Paul Hewish may have helped in several ways to make the students' life more tolerable, but this can in no way justify his letter in the *Gazette* of 29th July about students shaving male patients before operations.

First, although there are arguments for us not shaving patients it can be argued that our doing this is not such a bad thing, since it is one of the few occasions when we gain some appreciation—as opposed to knowledge—of nursing procedures, and moreover we are doing something about the treatment of patients, which at the moment no one else seems able to do. (Whether or not one wants to change this situation is another matter.) Different people will attach different significance to the various arguments for and against and these all have to be considered calmly and coherently.

Which brings me to my main point: Mr. Paul Hewish wrote as a representative of mine and so I feel I must apologise to nurses and anyone else who felt that my representative's letter was directed at them. Pride and arrogance oozed out of every sentence; this was completely unnecessary and extremely unpleasant.

Yours sincerely,

MICHAEL TIMMONS

East Wing,
Guy's Hospital.

SIR,—Certainly the Chairman of the Student Medical Education Committee should be spared the menial task of shaving male patients until he has sorted out the functional subtleties of such words as inferred and implied. Perhaps for "inferred" we should read "defurred".

Be that as it may, his comments seem arrogant and divisive. If the task of shaving patients is beneath the dignity and status of the chairman of the Student Education Committee then with whose status is it in accord? If status is so important, then send patients to the Middlesex for a shave or instruct the surgeons to incise through the hair and get on with it. Medical Education and Medical practice are gradual processes of participation in care of patients. O.K., so don't shave patients, don't take blood, don't put up drips or perform paracenteses. Just wander around and pick up the gems and let the other clowns get on with the work.

Yours faithfully,

M. S. ROSE

East Wing,
Guy's Hospital.

Vocational Training

SIR,—I was interested to read in the letter from Dr. Peter Higgins about the new vocational training scheme which starts at Guy's on 1st October this year.

As an old Guy's man it grieves me to have to disagree with his last paragraph in which he states that this scheme is a major innovation—not just for Guy's, but for any teaching hospital in this country. A similar scheme is in operation at St. Bartholomew's Hospital linked with the Chelmsford Group of Hospitals and the Chelmsford Vocational Training Scheme for General Practice. Two doctors are already in service posts at both St. Bartholomew's Hospital and in the Chelmsford group in the first two years, the third year being spent in a practice near Chelmsford.

It may be of some small consolation to note that even in this scheme Guy's men are playing a part.

Yours faithfully,

Medical Academic Unit,
Chelmsford and Essex Hospital,
London, Road,
Chelmsford, CM2 0QH.

R. J. O. CATLIN

(*Postgraduate Adviser in General Practice, North-East Metropolitan Region*)

Changing the Constitution—What Sportsmen Should Think

SIR,—The present Clubs' Union Council was originally set up in 1891 to provide sporting and social activities for Guy's students. Fortunately, since then student horizons have broadened and the student, whilst still participating in sporting and social activities now realises he has a definite and important rôle to play within the whole University. Students are now members of many national organisations (B.M.S.A., S.E. London N.U.S., J.H.D.A.) and are also represented on the welfare and educational bodies within the University. A medical student can no longer afford to neglect his professional standing or the rôle of his profession within the U.K. and E.E.C.

In order for a student to participate in an effective and constructive manner at college, university and national levels, he must be working within an organisation that allows student thought and ideas to be formulated into positive resolutions. For this a Union structure similar to other colleges in the U.K. is imperative.

This makes him aware of his rapidly changing surroundings : it should not brand him as "political" or "radical".

Let the sports editor be reassured, the finances of any Union must ultimately be controlled by its members : not by a small unrepresentative minority with vested interests. Naturally, for the sake of efficiency, a body to advise and guide would be required, but this body would necessarily have full representation of all interested parties.

Yours faithfully,

TIM OLIVER

East Wing,
Guy's Hospital,
S.E.1.

SIR,—Whilst admirable that the *Gazette* prints a wide diversity of opinion —from the reactionary to the radical—I must protest about the Sports Comment in the last edition.

My first reaction was one of humour, then I realised that Mr. Calvert was serious. I find it almost unbelievable that anyone could be so self-opinionated as to imagine that because he is a sportsman he deserves everything to be automatically handed to him on a plate.

Because he plays hockey, does Mr. Calvert feel himself to be a better person than say a member of the Theatre Club or Folk Club? Non-sporting clubs represent the hospital in as great a way as any sportsman.

Being a member of both sporting and non-sporting clubs, perhaps I can offer a less biased view. The proposals from the Student Club do not in fact incorporate any major financial changes. They hope, however, to bring the financial dealings of all the clubs out into the open, so that justice is not only done, but seen to be done.

Worry not Mr. Calvert, your precious finances will not fall into the hands of those terrible megalomaniac left wing radical revolutionary (and perhaps worse—non-sporting) students.

Yours, etc.,

DAVID J. JONES

Guy's Hospital,
London Bridge,
S.E.1.

Past Guy's XV

SIR,—I am sure that many former Guy's rugby club members have read the recent correspondence in the *Gazette* and have been tempted to put pen to paper. However, the purpose of this letter is not confined entirely to the contents of any previous correspondence. It may, however, be appropriate to emphasise to future Sports Editors, that they have a responsible task. The *Gazette* has a world-wide distribution among Guy's men and women, and keen interest is always attached to its contents.

To those of us who were fortunate enough to represent Guy's on the rugby field then our particular attention is paid to the comments in the Sports Editorial regarding the progress of the Rugby Club. If there are serious differences of opinion in the Rugby Club then it is fair comment to draw attention to it, but one would hope that the impartiality of the Editorial would give rise to a factual account, rather than the frivolity of the editorials one had to endure last season, which were obviously biased.

The main purpose of this letter however is to find out from past rugby club playing members, who are still actively engaged in the game as players for other clubs, whether there would be sufficient interest to form a past Guy's XV. The objective initially would be to play an annual game against the present Guy's XV, preferably on the morning or eve of an England home international, if a date could be arranged.

Would those former Guy's players who are still playing and are interested in the above fixture, please drop me a line.

Yours sincerely,

JOHN E. DAVIES,
Vice-President, Guy's R.F.C.

Winch Lane Medical Centre,
Haverfordwest.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS, ST. THOMAS' HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar** in Thoracic Surgery to the Boards of Governors of Guy's Hospital and St. Thomas' Hospital, and the South-East Metropolitan Regional Hospital Board (Brook Hospital) with duties rotating between the three hospitals to commence on 1st October, 1972 and subject to annual review. The appointment will be made jointly by the bodies concerned. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **18th August, 1972.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Junior Lecturer/Lecturer** in the Department of Forensic Medicine, with appointment to commence on 1st October, 1972. Salary in the range £2,070 to £2,260 for Junior Lecturers and £2,450 to £3,926 for Lecturers, plus L.A. and superannuation. Application forms are obtainable from and should be returned to the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT, by **22nd August, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Comprehensive Training Post in General Surgery

Applications are invited for the appointment of **Registrar** in General Surgery with duties to commence on 1st October, 1972 until 30th September, 1973 in the first instance, subject to annual review. On satisfactory completion of the first period further experience will be offered at registrar and senior registrar grade. The post will be held at Guy's Hospital and in the Lewisham and Greenwich Groups, and is part of an integrated rotational training programme offering security and flexibility and aimed at providing a complete training in general surgery. The scheme will be co-ordinated by the Professor of Surgery and the appointment will be made jointly by the bodies concerned. Candidates must have passed a primary fellowship examination and either have, or be eligible shortly to sit, the final examination. Application forms are obtainable from, and should be returned, to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **25th August, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Casualty Officer** (Senior House Officer grade) at Guy's Hospital for the six months period commencing 1st September, 1972. Detailed applications together with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy s Hospital, London SE1 9RT, not later than **18th August, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Senior House Officer** in Gynaecology at St. Olave's Hospital of the Guy's Board of Governors for a period of six months commencing 1st September, 1972. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **18th August, 1972.**

PASS LIST

UNIVERSITY OF LONDON

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Ph.D. Medicine

June, 1972

A. Cuschieri (Anatomy)

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N. F. G. Hopkins
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M. P. Powell
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HOUSE APPOINTMENTS

1st September, 1972

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Grahame. — Mrs. L. Light *3 months*; Mr. P. R. Powell-Jackson *6 months*

Dr. Hardwick, Prof. Trounce, Dr. Cameron and Dr. Ogg — Mr. N. D. S. Bax *3 months*; Mr. J. C. Davies *6 months*

Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble — Mr. I. D. Starke *3 months*; Mr. C. J. Rudge *6 months*

Prof. Lessof, Dr. Joiner, Dr. Burry and Dr. Sowton — Mrs. V. J. Wass *3 months*; Miss R. J. Thorburn *3 months*; Mr. C. D. Pusey *6 months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis — Mr. A. N. Johns *6 months*; Mr. C. J. Lamb *3 months*

Mr. Lawrie, Mr. Beard and Dr. Wayte — Mr. P. C. Gartell *3 months*; Mr. W. C. Brownlee *6 months*

Mr. Glover, Mr. O'Flynn and Mr. McArthur — Mr. C. J. Thomas *3 months*; Mr. D. N. Bateman *6 months*

Prof. McColl, Mr. Rendall and Mr. Bewick — Mr. R. J. Hay *3 months*; Miss A. M. Garnons Williams *3 months*

House Surgeon to the Breast and Plastic Surgery Units

Mr. G. C. Dunbar
3 months

Gynaecological House Surgeons

Mr. R. W. M. Wright
3 months
Mr. C. H. Collis
6 months

Throat and Ear House Surgeons
Mr. N. J. Marks
3 *months*
Mr. A. D. Crawford
6 *months*

Orthopaedic House Surgeons
(Including duties at New Cross Hospital)
Mr. P. G. Lunn
6 *months*
Mr. J. C. Taylor
6 *months*
Mr. A. M. Turner
6 *months*

S.H.O. to the Renal and Transplant Units
Mr. M. E. Pidcock
3 *months*
Mr. A. G. Samuel-Gibbon
6 *months*

Genito-Urinary House Surgeons
Mr. N. K. Barber
3 *months*
Mr. L. K. Jackson
6 *months*

Children's House Physicians
Mr. R. S. Trompeter
3 *months*
Mr. D. F. Stubbs
6 *months*

Casualty Officers
Mr. D. C. Fermont
3 *months*
Mr. R. H. Mackay
3 *months*
Miss R. C. S. Dow
3 *months*
Mr. R. K. Walesby
6 *months*

6 *months*

6 *months*

Resident Obstetricians
Mr. J. M. Morsman
3 *months*
Mr. G. W. H. Stygall
6 *months*

Neurological House Physician
Mr. H. J. Kass
6 *months*

Dermatological House Physician
Mr. P. J. Marriott
6 *months*

House Physician in Child Psychiatry
Miss R. H. Latey
3 *months*

House Surgeon to the Thoracic Unit
Mr. A. M. Ross
3 *months*
Mr. J. R. Pepper
6 *months*

House Physicians in the Department of Psychological Medicine
Mr. J. R. M. Ross
6 *months*
Miss P. J. Taylor
6 *months*
Mr. T. P. Burns
6 *months*

Resident Anaesthetists
Mr. J. A. R. Pook
3 *months*
Miss A. M. Tihanyi
3 *months*
Miss P. L. Pantin
6 *months*

Senior House Officers to Nuffield House
Mr. J. A. H. Wass
3 *months*
Mr. D. A. Raper
6 *months*

Children's House Physicians at the Evelina Hospital

Mr. J. Rawlinson	1. 4.72—30. 9.72
Miss M. J. Van Essen	1. 6.72—30.11.72
Mr. Y. K. Gupta	1. 8.72—31. 1.73
Mr. D. P. Chamberlain	1.10.72—31. 3.73

Casualty Officers at Evelina Hospital
Mr. G. C. Jain
3 *months*
Mrs. A. Furtado
3 *months*

ST. OLAVE'S HOSPITAL

House Physicians
Mr. J. A. Morgan
3 *months*
Mr. M. A. Lavelle
6 *months*

House Surgeons
Miss D. A. W. F. Lee
3 *months*
Miss L. L. Judd
6 *months*

Gynaecological House Surgeon S.H.O. in Psychiatry
Mr. B. R. S. Nakra
6 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine, Geriatrics and Rheumatology:
Mr. G. M. S. Heaton
3 *months*
Mr. E. G. Latimer-Sayer
3 *months*
Mr. A. J. G. Batch
6 *months*
Mr. R. G. Thomson
Orthopaedic House Surgeon see under Guy's
Senior House Officer to Rehabilitation Unit:
Mr. S. A. Ghazi
3 *months*

BECKENHAM HOSPITAL

House Physician
Mr. C. J. F. Manning
6 *months*

House Surgeon
Mr. D. W. Edwards
6 *months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Ellliott, Dr. Collover and Dr. Tillman:
Mr. I. D. Harrison
6 *months*
House Physician to Dr. Mallinson:
Miss M. L. Cann
3 *months*
House Surgeon to Mr. O'Flynn, Mr. Wilson, Mr. Hollis, Mrs. Wengraf:
Mr. B. V. Martindale
3 *months*
House Surgeon to Mr. Eldin, Mr. Williams and Mr. Park:
Mr. R. A. G. Goodhart
3 *months*
House Surgeon to Mr. O'Flynn and Mr. Candy:
Mr. J. C. B. Shutes
6 *months*

HITHER GREEN HOSPITAL

House Physician is General Medicine and Infectious Diseases:
Mrs. R. M. Parry
6 *months*
Mrs. D. A. Neville
6 *months*

LEWISHAM HOSPITAL
House Physician to Dr. Price:
Mr. D. G. Williams
3 *months*
House Surgeon to Mr. Lynn Evans:
Mr. J. L. Lewis
3 *months*
House Surgeon to Mr. Ivo-Smith:
Mr. M. A. Stodell
3 *months*
House Surgeon to Mr. France, Mr. Bingold and Mr. Monty:
Mr. R. M. Darling
3 *months*
House Surgeon to Mr. Le Brun:
Mr. N. R. Pinder
6 *months*
House Physician to Dr. Llewellyn Smith:
Mr. D. A. G. Cook
6 *months*
House Surgeon to Mr. Cavendish:
Mr. M. S. Sorefan
6 *months*

MILLER HOSPITAL
House Physicians to Dr. Hartley, Dr. Bassadone and Dr. Mallinson:
Mr. C. J. Bennett
3 *months*
Mr. A. M. Light
6 *months*
House Surgeon to Mr. O'Flynn:
Mr. J. L. Hewlett
3 *months*
House Surgeon to Mr. Eldin and Mr. Candy:
Mr. P. J. Skinner
6 *months*

ORPINGTON HOSPITAL
House Surgeon with Ophthalmology:
Mr. N. J. Astbury
6 *months*
House Surgeon with Dental:
Mr. S. J. Golding
3 *months*
House Surgeon with E.N.T.:
Miss S. C. Rankin
3 *months*
House Surgeon with Orthopaedics to Mr. Boxall and Mr. Lam:
Miss M. Munir Ahmed
3 *months*
House Surgeon with Gynaecology:
Mrs. H. M. Powell:
3 *months*
House Surgeon to Mr. Walker-Brash and Mr. Lam:
Mr. A. E. A. Ford-Jones
3 *months*

PEMBURY HOSPITAL
House Surgeons to Mr. Gibson and Mr. Lavy:
Mr. R. G. Pietroni
3 *months*
—
6 *months*
House Physicians to Dr. Miller and Dr. King:
Mr. T. Kidger:
3 *months*
—
6 *months*

ST. HELEN'S, HASTINGS
House Physicians:
Mr. M. L. Nancekievill
3 *months*
—
6 *months*

ST. NICHOLAS, PLUMSTEAD
House Physician to Dr. Scott:
Mr. T. de F. Mendis
3 *months*

P. J. HELLIWELL,
Superintendent

2nd August, 1972.

PERSONAL

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BIRTHS

WATKIN—To Ross and Jacqueline, on 18th July, a daughter, Antonia Ruth, a sister for Frances.

WILLIAMS—On 5th July, 1972, to Christopher and Christina (née Lawrie) of 70, Thornhill Road, Barnsbury Square, N.1, a daughter, Caroline.

CHANGES OF ADDRESS

From 19th August, 1972—Dr. and Mrs. I. A. Baker, c/o The Britih-Nepal Medical Trust, Panchali, Biratnagar, Kosi Zone, Nepal.

Dr. and Mrs. F. J. Covill, M.B., B.S., D.P.H., M.F.C.M., 1504, 9725-106 Street, Edmonton, Alberta, T5K 1B5, Canada.

Dr. and Mrs. R. D. Hoare and Dr. Gillian L. Hoare, The Cottage, Hollesley Farm, Smallfield, Surrey, RH6 9JJ. Tel: 034-284 2837.

Dr. Norman Power has moved his professional rooms to; 21, Brompton Square, London, SW3 2AD. Tel: 01-589 9118.

DEATH

HOBSON-JONES—On 31st May, 1972, in Natal, R.S.A., Dr. Lawrence Hobson Jones, L.D.S., R.C.S., Guy's 1923.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

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GUY'S HOSPITAL GAZETTE

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NEWS EDITORS T. J. GOULDER and K. N. BULLOCK

SPORTS CORRESPONDENT P. CALVERT

NURSING CORRESPONDENT *Miss P. M. JEFFERIES*

BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2195

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Silly Season

A survey is being conducted at the moment in all the hospitals in Guy's group—every student has a form to fill in. For every blood taken—time, date, ward, form, destination, urgency, etc., etc., must all be converted to computer language and entered in the appropriate box. (This procedure incidentally, can take again at least half the time necessary for blood sampling in the first place.) The point of the manoeuvre is apparently to estimate the total amount of the students' time and effort employed in the daily blood gathering—someone somewhere thinks there is a need for technicians specifically employed to fulfil the task.

When I first encountered the scheme I prepared to rage :

"First they complain about shaving male patients—now it's too much trouble to take blood—what on earth DO the students want to do?" . . . "Change and decay" . . . "Sign of the times" . . . "Student apathy" . . . "Blah blah" . . . "Gnash gnash" . . . etc., etc., etc. But it was when I fell to thinking of the old chestnut, "Student Apathy", I realised that my fury was spurious. Student apathy is such an age-old topic; it's been raised, mulled, chewed over, and dropped again so very many times one really feels too tired and bored to bother about it any more. For all the heartfelt and sometimes heated discussion it provokes, it does not change—either for the better or the worse. In fact, quite seriously, I don't think "it" really exists. It is just an easy topic to moan about in quiet periods when nothing more lamentable springs easily to mind.

I'm quite sure it's the weather that does it! During the long and empty summer months, when most people are on holiday, and the rest are too hot or too tired to make exciting news, then anyone who can muster the energy to argue about anything must fall back on time-worn, standby topics. If it weren't for the (yawn) dockers' strike occupying the limelight at the moment, then quite certainly the papers would be chuntering on about the Loch Ness Monster, the inadequacies of today's youth, the appalling rate of rise in the cost of living, or the sighting of U.F.O.s over Bromley Common. Where topical discussion is concerned, then the summer is the Silly Season. The favourite stories aren't strictly true, or provably untrue, and either way it doesn't really matter. They are conveniently easy to work up a little emotion about without being really personally or seriously involved; they don't need much reasonable thought to be used in idle conversation.

Just such a facile topic is the perennial groan "student apathy", and along with this one goes shaving male patients, desirability of students taking blood, suitable attire for the wards, the exorbitant prices and the low quality of the food in the Spit, and so on, and so on. There is a well known list of grumbles that we all too readily indulge in without much serious thought—or serious effect.

So when you hear discussions of dramatic appearances of the Loch Ness Monster in the Great Maze Pond, of U.F.O.s circling over the Park, and the students complaining unreasonably about their various duties, join in by all means, if you can think of something new to add. But don't take any of it seriously—and don't blame the students—blame the season!

NEWS IN BRIEF

£100,000 "Thank You"

Impresario Leslie Grade is to donate £100,000 to Guy's for "saving his life".

He has also formed a charity to help Guy's, and it is hoped that a target of £1,500,000 will be reached.

Queen's Physician

Dr. Roger West, who qualified from Guy's in 1942, has been appointed honorary physician to the Queen.

Dr. West is senior medical adviser to W. D. and H. O. Wills and commanding officer of the 257th General Hospital Territorial Army Voluntary Reserve. He has been involved in many administrative aspects of the community and social services in Bristol and is chairman of the Bristol Centre, St. John Ambulance Brigade.

He was awarded the O.B.E. in 1966 and holds the T.D. and bar.

Centenary Edition

The Centenary Edition of the *Gazette* will be published on 7th October of this year. The Editors will be pleased to have any contributions but remind readers that they must be received by the second week of September.

DO YOU SUFFER?

Do you wake up every morning with that Monday feeling? A feeling of frustration and anxiety that comes with worry about personal problems and ailments?

We cannot help you, we wouldn't know where to start, we leave that to the consultants, doctors and nurses of Guy's.

Buy if your problem is printing, then we do claim that we can cure most of your worries. Just consult us . . . we may be able to help!

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Medical Education

Dr. Michael Simpson, Registrar in Psychological Medicine at Guy's Hospital, will be attending the 4th World Conference on Medical Education in Copenhagen in September, as one of the small number of invited speakers at this international meeting. His latest book, *Medical Education*: *A Critical Approach,* will be launched at the conference.

Keats' Portrait

Shortly after Professor Butterfield moved to Nottingham University last year as Vice-Chancellor, Mrs. Butterfield and he said that they would like to present the School with a copy of a portrait of Keats. This splendid gift has now arrived and may be seen in the small Committee Room near the School Office. Mr. Robert Swan was commissioned to paint it from the painting by Wm. Hilton, R.A., which hangs in the National Portrait Gallery. The original was painted after Keats' death from his life mask and from several drawings made from life.

The School is very grateful to Dr. and Mrs. Butterfield for presenting this very attractive portrait and for the kind thoughts which prompted them to do so.

NOTICES

TELEPHONE SERVICE

A new main cable is to be installed which will replace the existing 407 7600 lines. In consequence, the service will be subject to interference over the next two months. Every effort will be made to reduce to a minimum the inconvenience caused, but I must ask all users of the telephone to co-operate during this period of disruption.

P. J. Helliwell,
Superintendent

GUY'S EAST KENT DINNER

The Guy's East Kent Dinner for this year will be held at Slatters Hotel, Canterbury, on Friday, 24th November, 7 p.m. for 7.30 p.m.

Anyone interested who has not already been notified, please contact Dr. J. B. Pond, "Dromore", Granville Road, Walmer, Kent.

ANNUAL BALL

Physiotherapy Annual Ball, 15th September, 1972.

OBITUARY

ALEXANDER SANDISON, O.B.E., M.D.

Dr. A Sandison, formerly Director of Medical Services at the Ministry of Pensions, died on 3rd August, at the age of 87.

Alexander Sandison was born in Highgate on 23rd February, 1885, and was educated at Caterham School, Trinity College, Cambridge and Guy's Hospital. He had a brilliant career at Cambridge obtaining a major entrance scholarship to Trinity and firsts in both parts of the Natural Sciences Tripos. He qualified in 1911 and after various house appointments at Guy's he went to the Brompton Hospital as senior house physician. In 1913 he was appointed the first tuberculosis officer to the County Borough of Croydon and he organised the out-patient and in-patient services from scratch. In 1916 he joined the R.A.M.C. and served in Egypt and France and was awarded the Medaille d'Honneur. In 1919 he returned to his work in Croydon, but the same year he joined the Ministry of Pensions where he remained until he retired in 1950. In 1929 he was appointed O.B.E. and in 1940 he became Director of Medical Services at the Ministry. He obtained his M.D. in 1931.

While at the Ministry he was particularly concerned with tuberculosis in war pensioners and he wrote the sections on the Ministry of Pensions in the official Medical Histories of both world wars. From 1950-1953 he continued at the Ministry on a part-time basis as Director of Medical Research.

He was devoted to Croydon where he had lived with virtually no interruption since 1904 until his death. He was keenly interested in local government and in education and he was a councillor from 1930 until 1937 and in 1935 he became a governor of the Whitgift Foundation which remained one of his chief interests until he retired in 1967. For many years he was chairman of the Schools Committee of the Foundation, which is the governing body of both Whitgift School and Whitgift Middle School, the latter being renamed Trinity School at his suggestion.

He was a gentle, kindly, scholarly man with a wide circle of devoted friends. He was proud of his Shetland ancestry and was devoted to his fellow men and totally uninterested in material gain. He had a keen and alert brain which remained unimpaired until almost the end of his life. He was an excellent writer of prose and in 1967 he published a biography of his father, a Congregational minister. His autobiography which gives a fascinating account of life long ago in Cambridge and Guy's was, alas, unfinished owing to his failing sight.

In 1913 he married Esther Katherine Gold who died in 1937. He is survived by his son and daughter and his second wife, Evelyn Mary Midwinter, whom he married in 1938.

G.P.B.

APATHETIC SOCIETY—QUINQUENNIAL REPORT

It is with pleasure, as Life President of the most strongly and fervently supported society at Guy's, that I present a report on the past five years' lack of Society activities. It was some seven years ago, sensing the obvious need for a Society to cater for the real needs and interests of the majority of Guy's students, that I founded the Apathetic Society. As anticipated, it met with an overwhelming lack of support, and a message of congratulation flooded in. After careful discussion with my Executive Committee, we drew up the Society's programme for the first year, with barely controlled ennui. We decided to formally fail to meet at least once a month, though extra meetings were cancelled at other times throughout the year.

Messrs. Enoch Powell, Malcolm Muggeridge and Ian Paisley were among the Special Guest Speakers to whom we wrote, inviting them not to address the Society. I would like to thank them for so graciously accepting our invitation—we do *so* enjoy their non-attendance. Other occasions which proved especially popular were our Group Theatre Experience, when none of us went to see the Black and White Minstrels one night; and Mr. Alfred Pendleton, who left his stamp collection at home—we so enjoyed not seeing it that we asked him to leave it at home again the following year.

The Society has gone from strength to strength every year, and especially since membership was opened to all members of the Hospital staff, the numbers not attending each meeting have continued to increase. Quieter than the Silent Majority, there can be no doubt that the Apathetic Sociey really caters for the disinterests of the vast majority of the students and staff of Guy's. Were we able to receive a small grant from the Students' Club, we would be able at least to issue Non-Membership Cards to people who would like not to attend our meetings on a regular basis.

Over the years I have received encouraging reports of the formation of other Apathetic Societies at other British and American Universities. The second oldest society, which still does not meet regularly, is at Gothenburg University, Sweden, founded by the well-known entrepreneur Mr. Thomas Kinding.

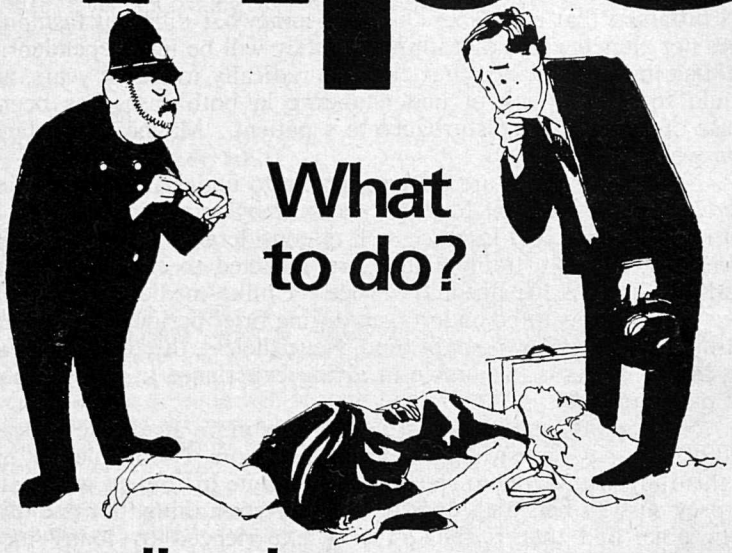
What, then, of the future? At this year's Annual General Meeting (not held last month) it was agreed to enlarge the scope of the Society, so that its inactivities might represent the true spirit of the country at a national level. Accordingly, we have changed our title to the British Apathetic Society; and with our Swedish friends, have founded Apathetics Unanimous International. We will not be holding a joint meeting later this year.

Our Annual Dinner is not planned for the Dorchester next month. As guest speaker, we hope to write to Lord Cohen of Birkenhead—or is it Burke and Hare?—inviting him not to tell us why the General Medical Council is in such a dreadful mess. As you will have noticed, he has complied with this request.

At a more local level, we have asked the Chairman of the Students' Medical Education Committee (the Man from S.M.E.C.) not to tell us more about the history of the Barber-Surgeons.

Michael A. Simpson

mps



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NURSING

A Question of Roles

It would seem from the recent somewhat heated exchange of views within the paper of this journal, that there is a marked ignorance amongst nurses and medical students of each other's rôles within the hospital setting.

To the casual reader there appears to have been an acute inflammatory reaction to a relative'y trivial stimulus, with the result that the most important reason for the existence of either party has been totally overlooked.

Student nurses and student doctors have in fact common ideals. The purpose of both groups is to learn to care for patients. Tradition has ordained that each does this in a somewhat different fashion, but does not alter the fact that ultimately they will be interdependent. The training in both instances has changed radically in recent years, and it would seem that lack of understanding in both cases has been the cause of unnecessary disturbance to a patient. Maybe some clarification wou'd help.

Nurses nowadays are no longer able to undertake their duties by merely laying hands on fevered brows or by scrubbing floors. They have to be skilled and in possession of considerable knowledge. However, whilst still in training they are expected to comprise the main working force of the hospital service. Unlike medical students then, their learning has to be undertaken during brief periods away from the wards and in their own spare time. Nevertheless, the time spent working in the wards is invaluab'e in giving experience in every aspect of the patient's care.

Medical students, of course, receive a more academic education, and of necessity have to learn a great deal more. Unfortunately, owing to this they are unable to spend so much time in contact with patients as previously. This may or may not be a good thing, but one thing is noticeable, and that is the difficulty experienced by many medical students and newly-qualified doctors in talking with the patients, as opposed to nurses.

It is true that in the past students have been used to undertake tasks which maybe others should do. So have, and still are, nurses. However, if one is learning about the tota! care of sick persons, should any job which directly affects their welfare be spurned? The logical answer to this is in the negative. Trade Union tactics cannot be adopted in a hospital, and any nurse or doctor, either potential or qualified, who refuses to do anything which involves a patient's comfort or care is not worthy of the name.

Maybe the time has come for nurses and students to think again about their function. If it were not for the patients, they would be redundant. The nursing staff of any hospital constitute the most permanent group in the wards. Is it not then their duty to make themselves aware of the duties of all other groups with whom they must work? In order to maintain high standards of care, the best education must be afforded to students of all disciplines and only by everyone working efficiently together will this be achieved.

CORRESPONDENCE

Out of the Blue

SIR,—I was most disappointed to read in the 29th July, 1972 edition of the *Gazette* that the Blues Committee could not award Guy's boxer Peter Murdoch an honour in their Blues awards. I would like to point out that Peter, on 4th March 1972, entered the University Boxing Championships and went prepared to box the best at his weight from the Universities of Gt. Britain; he came home with the winner's Cup and Trophy. He has been a credit to the Guy's Boxing Club since he joined in 1967, has never refused a contest and would box King Kong and Man Mountain at a minute's notice; he also survived a very serious illness two years ago and still continued to box when passed medically fit.

I sincerely hope the Blues committee at their next meeting can award this dedicated, loyal, and willing member of the Guy's Boxing Club an honour he richly deserves.

Yours very faithfully,

CHARLES POCKNELL
Trainer to the Guy's Hospital B.C.

Charles Pocknell,
52 Kipling Street,
Long Lane, Bermondsey, S.E.1.

Curriculum Conscious

SIR,—One of the marks which identify a revolutionary period in history is the speed with which a shocking statement becomes a boring one. To those of us who were early radicals in the area of medical education, it is interesting to see what happened to some of what used to be new ideas.

Dr. Peter Higgins seems to regard the Guy's vocational training scheme as rather more novel and innovative than is justified. It is late on the scene of vocational training, and in the Royal College of General Practitioners we were instituting similar schemes well back in the 'Sixties. As Dr. Catlin showed in the last issue, it is not even novel as a teaching hospital training scheme.

Similarly, Mr. Handler's Passim on the proposed changes in the 2nd M.B. curriculum. Lord Todd's Commission's suggestions have been around for about five years now, and were barely avant-garde when written. The introduction of the Behavioural Sciences into the curriculum has been urged by generations of medical students. If the implementation of the recommendations is intelligently planned by persons in any way familiar with modern knowledge of education, it should not increase the students factual overload. In fact, long overdue pruning of much educational deadwood should reduce the risk of pressure atrophy of the cortex.

Psychology and sociology are being added to the curriculum, not because they are "very much in vogue at present" but because they are at least as basic, and in some areas more basic, that the other *soi-disant* basic sciences in achieving an understanding of human medicine.

One hopes that the curriculum will be suitably revised at Guy's. One can only hope, as, for example, most of the people actually at present teaching these subjects at Guy's have yet to be consulted in any way by those planning the new 2nd M.B. syllabus. But one lives in hope.

Yours sincerely,

MICHAEL A. SIMPSON

York Clinic,
Guy's Hospital.

BMA Dinner

SIR,—An informal dinner for Guy's graduates and their guests was held in Southampton on Thursday, 20th July, 1972. The occasion was the Annual Representative Meeting of the B.M.A. and forty-four people attended, com-

prising representatives from nation-wide divisions of the associations and those who live in or near Southampton

We enjoyed the evening and look forward to the June, 1973 meeting in Folkestone.

Yours sincerely,

Dr. S. C. C. Scott.

Dr. Ian Field,
B.M.A. House, Tavistock Square,
London.

A Compromise

SIR,—I was much saddened to read the letter of Paul Hewish (29th July) regarding patient shaving. I would refer him to Matthew 5. "The meek shall inherit the earth". Humility is to be encouraged and this is best done by a sharing of the menial tasks by all of us.

Of course, ideally, shaving should be done by the patient, when possible, or by a barber. I would dare to enlighten him further. Student nurses (male and female) are also here to learn. They hope to eventually qualify as state registered nurses, not barbers.

I am saddened at the passing of the surgeon-barber. I feel that his return at this time might well be a blessing in disguise. When fashion decrees shorter locks, at least some of his skill would be available to the student fraternity.

Yours faithfully and enlightened

Eileen Dixon

Main Theatres,
Guy's Hospital.

Hewish Refurred

SIR,—I read the replies to my letter about the shaving of patients with a mixture of amusement and disbelief. Most of the points made do not even merit discussion but I think that several matters require clarification.

I wrote the letter before I joined the Surgical Unit and learned that efforts are being made to acquire the services of a barber. Perhaps they should have advertised in the *Gazette*. Professor McColl has made some constructive changes to answer the students' plea for greater involvement but all the surgeons in the unit and almost every student at Guy's believe that this aim will not be sabotaged by foregoing the "education" of shaving patients. It is as devoid of educational value as the portering of blood samples. Dr. Rose should know that I have never advocated that students should not take blood.

If paranoia prevails I must explain that the number of nurses whose opinion of the rôle of medical students needs rectification is small and, I believe, declining.

It appears that my pride and arrogance is surpassed only by that of Michael Simmons who pretends to apologise on my behalf.

Yours faithfully,

Paul Hewish,

(*Chairman, Student Medical Education Committee*)

East Wing,
Guy's Hospital.

These letters were received too late for publication in our last issue. This topic is now closed to correspondence.—Ed.

Student Accommodation

SIR,—I wonder why the Medical School Authorities rarely, if ever, make arrangements for accommodation for Students from abroad visiting Guy's for elective periods?

This is most unreasonable. The Student on arrival is usually tired, after a long journey across the Atlantic, or even further. He can receive a very poor impression of our hospitality if he then has to find somewhere to stay.

Yours etc.,

MARTIN ST. G. WHEELEY

East Wing,
Guy's Hospital,
London SE1 9RT.

St. Olave's Hospital Tie

SIR,—May I trespass on your space to inform your readers that in response to popular demand the "St. Olave's tie" is now available with the design woven in the material (design as before). This tie is available from the Hospital Secretary's Office, St. Olave's Hospital, price £1.05p (one guinea).

Yours sincerely,

J. M. FULLERTON,
Consultant Pathologist.

Pathology Department,
St. Olave's Hospital.
Lower Road, S.E.16.

"SUFFER LITTLE CHILDREN . . . "

On carved, fluted columns to the sky,
Man has built his conceit and held it high,
Covering it with a Church's Roof to shadow his Mortality,
Now the comforting shadow has become the only reality.
A shadow that hides the Jew, dressed in a shroud from the past,
Walking with bare feet, sad faced, in his endless task
To find an open heart to lay his burden down.
A Heart that has no repose in purse-strings, or a praising crown,
In hymns of escape through an expensive "dog-collared" door,
Where "Man's Cruelty to Man" is not a personal floor.
It is always others, whose Hallelujah in bomb-blast turn,
The ageing Jew away, down a lane of centuries that burn
His gentle beliefs, in a bonfire of organised excuse,
That, in 1972, the dying child in his arms could not be Jesus.

B. Wotton

SPORT

SPORTS COMMENT

Once the reports on the tours of the "summer" sports start to appear in these columns it is a sure sign that the straight bat of cricket is about to give way to the hooked stick of hockey and that the warm, wet environment of water polo is to be replaced by the cold wet one that usually envelops the Rugby football and soccer fields. Having said that there will no doubt be a wave of protest from the swimmers, who tell me that they would have required not only several weeks of intensive body building but also heated wet suits to defeat their giant opponents from the icy waters of Weymouth.

In the interim, while the summer men relax on the beaches and the winter men anticipate the stiffened muscles which inevitably restrict movement the morning after those gruelling training sessions, it falls to the lot of the sports correspondent to make some relevant comments on the past few months' activities.

The cricket club, after a damp start, in which several matches were cancelled, have had a fairly successful season under the leadership of Chris Langdon, who has scored a considerable number of runs including centuries in three successive innings. Their tour has just been completed and I am told that the honours were evenly divided with 3 draws, 1 defeat and 1 win, which, as if to ensure a cheerful last note, was the final match against Cuckfield. On tour all the batsmen scored runs without there being any spectacular totals : the most notable were Richard Fitton's approximate 67 and a stand of 70 in 30 minutes between him and John Rees in the final match. The best bowling performance came, again in the last match, from Rob Jones who, in order to erase less pleasant memories earlier in the tour, took 7 wickets on that occasion. However, a full first-hand account both of the tour and a review of the cricket season should appear in the *Gazette* as soon as the score book has been recovered from Cornwall, whither it was sent in an absent-minded moment!

Being at a certain disadvantage in that I have not personally been very active on the sports field this summer, any omissions are due to lack of information rather than intention. Thus while not forgetting the tennis, the golf, the rowing and the swimming, etc., the remainder of my review concerns athletics, in which sport the hospital has been extremely successful. The athletics club has the distinguished record of having won all their matches this summer. Also Guy's won the U.H. cup for the ninth season in succession and were able to come second in the U.L. championships with only four men instead of the usual fourteen or so. The outstanding performer in the club was undoubtedly Kevin Shepherd who not only won the javelin event at the British Universities Championships in Edinburgh for the second year running, but also produced a massive 245 ft. throw, having been throwing around 210 ft. previously, to win the event in the Southern Counties Championship. Robert Forber also went to Edinburgh where he came fourth in the 400m hurdles, an event which he won in the U.L. championships. Roger Nichols consistently won all his sprint races for Guy's. Nick Avery, performed mainly for U.L., because Guy's do not cater for his best distance the 110m hurdles, and produced a personal best in this event. While there are many other names which could be mentioned only two more will appear in print. These are Barry Jones, the captain, whom I am told was superb at ensuring that everyone turned out at the right place and time, and Kevin Brame, the secretary, who organised some well matched fixtures as well as jumping in all of them himself. The athletes say that with a bit of luck and "few fresher" discoveries they should have an equally successful season next year.

PAUL CALVERT

WATER POLO

TOUR OF THE WEST COUNTRY

30th July—4th August

A wet Weymouth on Sunday evening welcomed the polo team.

The first official game on the Monday, also wet, was against Weymouth, off the end of the pier after a boat had moved off the pitch. Weymouth, heavy and well insulated against the cold scored all their goals in the last quarter whilst we shivered. We lost 3—1.

Tuesday evening at Bridport was wetter and colder. We beat them 4—2 in a thunderstorm.

Wednesday, the start of the indoor matches, was against Taunton. A strong side beat us 9—3.

On Thursday we played Southampton. This was a tough match on a large pitch and we were well beaten 10—2.

Yeovil on Friday; everyone was a little tired. This was an enjoyable game to finish the tour. We were beaten 10—6.

Special mention must be made of Eric Gavin and Geoff Averland who, as less experienced players, did some excellent swimming and shooting.

Our guest swimmers, Mark Adkins, Keith Howard and Fred Steele strengthened the side considerably. The regulars, John Clark, Frank Cordingley, Chris Bevis, Terry Sands and Mark Rowlands all played well.

JOHN CLARK

RUGBY CLUB

At the A.G.M. held on 6th June the following officers were appointed: Secretary, Mr. Steve Challacombe; Fixture Secretary, Mr. Eric Hemmings; Social Secretary, Mr. Ken Rigg; Match Secretary, Mr. Alastair Cook; Junior Team Secretary, Mr. Roger Massey; Ball Secretary, Mr. Michael Portelli. By previous arrangement Dr. D. Stafford-Clark remains president for a further year. The name of Dr. D. Craven was deleted from the list of vice-presidents which otherwise remains unchanged. Mr. Gethin Evans was elected to the captaincy of the first fifteen at the time of the annual team photograph.

Training for the whole club began on 2nd August and will continue regularly on Monday and Wednesday evenings at 5.30 p.m. Dr. H. C. Burry has kindly agreed to assist the training programme on Wednesday evenings as often as he finds possible. It is hoped that club members will respond to the generous donation of time by Dr. Burry.

A training weekend has been arranged at Thatchings beginning 1st September. There will be accommodation for only seventy-five players and so those who do not wish to be disappointed should contact Gethin Evans now.

The first match of the season will be against Bromley at H.O.P. on 9th September. Players who fail to reach fitness before this time will not be considered for selection.

At a committee meeting held on 8th August a vote of thanks was expressed on behalf of the club to Dr. Ian Baker who has made an invaluable contribution to Guy's rugby over a long period. An engraved tankard was presented to him as a token of appreciation.

ANGELS' RUGBY, 1972-3

Would any players who would like to begin playing for the Angels in the forthcoming season, please contact Rod Robinson via the East Wing pigeon holes or Bar?

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Casualty Officer** (Senior House Officer Grade) at Guy's Hospital for the six months period commencing 1st December, 1972. Detailed applications together with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **8th September, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Resident Senior House Officer** in Anaesthetics from 1st December, 1972 for a period of six months in the first instance. Applications naming two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **8th September, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** (Medical) to the Renal and Transplant Units to commence 1st December, 1972 for a period of six months. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **8th September, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Resident Obstetrician** (S.H.O. Grade) for the period commencing 1st December, 1972 for six months. Applications with the name of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **8th September, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to Nuffield House (Private Wing of Guy's Hospital) to commence 1st December, 1972 for a period of six months. Applications should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **8th September, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of part-time, non-resident, **Paediatric Casualty Officer** (Senior House Officer Grade) at the Evelina Children's Hospital of Guy's Hospital to commence on 1st December, 1972 for six months. Six morning sessions, salary 7/11ths of the full-time rate. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **8th September, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **House Physician** in Child Psychiatry (S.H.O. Grade) part-time at Guy's and part-time at the Evelina Children's Hospital, commencing 1st December, 1972 for a period of six months, resident or non-resident. Detailed applications with the names of two referees should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **8th September, 1972.**

PASS LIST

UNIVERSITY OF LONDON

3rd B.D.S.

June, 1972

Part I

Abels, Frances E.
Bailey, R. G.
Barnes, T. B.
Baugh, Heather M.
Beare, W. A. V.
Bellingham, Jean A.
Clark, R. N. W.
Clarkson, Elizabeth J.
Cracknell, A. K. C.
Danford, M. H.
Dean, I. S.
Dyson, J. E.
Evans, T. R.
Gavin, E. J.
Green, Judith A.
Gregory, J. A.
Harper, D. S.
Harris, Jill E.
Harvey, P. W.
Hickman, Rhona E.
Hirji, A. H. K.
Hodgkinson, P.
Hunt, J. L.
Hunt, N. P.
Jackson, D. R.
Korszun, Anna-Krystyna
Lalani, Munira V. A.
Lindsey, D. F.
McCarthy, Ciaran P.
McDermott, P. J. C.
McMillan, D. I.
Macpherson, D. W.
Mahood, J. B.
Marsh, Fiona
Morris, M. D.
Mould, D
Moulding, G.
Newman, R. A.
Owen, Sheila C.
Pickering, D. R.
Pigot, E. L.
Riches, Jennifer J.
Robinson, D. B.
Robinson, R. J.
Rothman, Ann M.
Rowntree, P. G. M.
Rydning, P.
Shaw, D. F. S
Spencer, Diana E.
Thomas, Elizabeth M.
Thomas, H. F.

Part II

Anderson, D. T.
Borsberry, M. J.
Buckley, J. N. E.
Cooper, P. A.
Cottam, D. R.
Foster, F. J.
Honeyman, Betty A.
Howes, M. J.
Ibbetson, R. J.
King, N. M.
Lee, A. T.-L.
Marcus, G. B.
Quilty, Anna M.
Ryan, C. R.
Schlotel, Anne
Thompson, D. R.
Wood, R. L.

Part III

Allison, D. J.
Bateson, S. M.
Beardsley, D. J.
Breen, M. J.
Broadbent, M. S.
Brummell, M.
Chasak, G. A.
Cottingham, K. J.
Crang, Jane O.
Day, P. A
Dodsley, G. G.
Druett, T. J.
El-Jabari, N. M. A.
Faulkner, R. K.
Fell, R. C.
Fennell, M. L.
Fox, E. G.
Honeyman, Betty A.
Hooley, Margaret P.
Howes, M. J.
Hoyos, D. F.
Jones, Katherine V.
Kyle, Enid W.
Leathers, Valerie S.
Lee, A. T.-L.
Leithead, Jennifer A. P.
Lewis, R. N. B.
Likimani, Sopiato
McQuillan, R. G.
Maini, V. K.
Miller, R. H.
Milner, R. J. D.
Milner, S. M.
Mohamed, Y.
Moorhouse, F. J.
Oram, D. A.
Portelly, M. L. V.
Price, C. J. L.
Rigby, S. N.
Rigg, K. F.
Schlotel, Anne
Sheppard, K. A.
Smart, Susan E. A. M.
Tan, J. M. S.
Titchin, P. L.
Turnpenny, Jennifer M.
Webb, J.
Willis, C. P.
Zukowski, J. B.

2nd M.B.

June/July, 1972

Board, A. P.
Bray, E. C.
Cording, R.
Dawson, A. J.
Evans, D. K.
Gryf-Lowczowski, J. V. D.
Hellyar, A. G.
Lindsey-Lewis, Susan A.
Mackenzie, C. I.
Mackenzie, I. J.
Perkins, H. H. B.
Pinder, C. G.
Rix, Caroline
Roe, Claudia A. L.
Stigner, P. B.
Vyas, H

Third (B.D.S.) Examination in Dental Surgery
June, 1972

Honours

Ford, B. C.
(Distinguished in Dental Surgery)

Pass

Allen, R. N.
Clark, Christine A.
Dymond, T. J. H.
Foster, Anne
Gross, M. D.
Harland, E. T.
Kelly, A. C.
Stuart, S. J. W.
Tennant, J. W.
Walker, A. P. P.
Want, T. J. L.
Wright, S. M. P.

PAPERS BY GUY'S MEN

Brookes, M. Blood supply of developing bone and its possible bearing on malformation of the limbs and face in congenital haemangiomatous disorders. *Proceedings of the Royal Society of Medicine*, 1972, **65**, 597.

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Weller, R. O. Histopathological techniques in the investigation of muscle disease. *Proceedings of the Royal Society of Medicine*, 1972, **65**, 615.

CHANGES OF ADDRESS

Professor Declan John Anderson, Haversham House, 12 New Street, Wells, Somerset.

Dave and Liz Balean's address is now as follows: Tanners Furlong, 42 Carew Road, Eastbourne, Sussex. Tel: 25973.

David and Barbara Morris, The Lawns, 22 Sheen Common Drive Richmond, Surrey, TW10 5BN (8-76 4023) Practice at 78 Harley Street, W.L. (636 4797).

BIRTHS

HOWELL—To Ann Howell (née Teare) S.R.N. and Christopher Howell, L.D.S., R.C.S., a daughter, Joanna Caroline Margaret, on 12th August, 1972. Victoria Ward, Guy's Hospital.

LLOYD-STILL—To Dorothy and John Lloyd-Still, M.R.C.P., of 460 Weston Road, Wellesley, Mass., a son, Robert Malm, born on 1st August, 1972 in Boston, U.S.A.

DEATHS

HOUSDEN—At his home, "Highfield", Leominster, Herefordshire, peacefully on 28th July, 1972, Charles Henry Housden, L.D.S., R.C.S., (Eng.) of Guildford and Leominster, qualified Guy's 1912. Survived by his widow, a son and two daughters.

SANDISON—On 3rd August, 1972 Alexander Sandison, O.B.E., M.D. (Cantab), B.A., of 38 Cecil Court, Addiscombe Road, Croydon. Guy's 1909-1912.

PERSONAL

ACCOMMODATION for two consultants, preferably colleages, in an original but well maintained house in mid-Wimpole Street. Apply Box No. 1/8.

ASSOCIATE Dental Surgeon required to join Guy's man in long-established Bath practice, commencing October. Reply Box No. 2/8.

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GUY'S HOSPITAL GAZETTE

EDITORS T. B. BARNES and Miss I. H. DODD
NEWS EDITORS T. J. GOULDER and K. N. BULLOCK
SPORTS CORRESPONDENT P. CALVERT
NURSING CORRESPONDENT Miss P. M. JEFFERIES
BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2196

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Survival or Pollution

Environmental pollution has now been recognised as a very important issue. This awareness should be of great benefit to mankind, "a problem realised is a problem solved!" However, having appreciated the problem, there has appeared a tendency to blame modern technology and from this assumption to reject all technology as evil. Science would appear to be the Devil Incarnate.

Pollution was created by the industrial society and can only be solved by advanced technology. Affluence will solve the problem of effluence. At present pollution is economic, legislation is required to make pollution unprofitable and government loans are needed to encourage recycling processes. High growth is essential to provide the capital for pollution control; the technology already exists.

It seems incongruous that, as London's air becomes cleaner and fish return to the Thames, the pollution lobby becomes more vociferous. Pollution is good material for sensational news; when salmon were suspected of having a high level of methyl mercury, then the whole consignment was destroyed. Nobody suggested a label saying "this may harm your health", yet for cigarettes (of known danger) the government are satisfied by a voluntary warning. A rational and consistent approach must be adopted to the environment *now*.

The real threat to the environment is over-population. This problem affects this country as much as the Third World, as Dr. Anderson *et al* have stated. Should we pay family allowances in an over-populated world? Logically financial deterrents, not inducements, should be offered. The problem is eminently soluble in the developed world, but for the third world vast aid programmes are

needed. The West must use its science and technological prowess to make large scale Birth Control programmes viable. Last month in Stockholm 130 nations agreed to preserve the Blue Whale for posterity; should we not agree to save Homo Sapiens for the whale? The solution will require the very high economic growth that the anti-pollution lobby would destroy. The environment must be considered as a whole; Man cannot kill the earth, but the earth can kill Mankind.

This Passim was written by D. B. Jefferys as an entry for the Grant Atlas of Anatomy competition.

NEWS IN BRIEF

Which Doctor?

K. G. E. Brown, M.A., M.B., M.R.C.P., has been appointed as Medical Specialist to the Government of Malawi. The post is for two years initially from 1st October, 1972 and is partly sponsored by the Overseas Development Administration.

New Guy's House

The redecoration of New Guy's House will be completed on 1st September, 1972. Sarah Ward will be opened on 4th September, 1972 as a five-day ward and the beds in New Guy's House will be distributed accordingly.

At the same time, the predicted discharge system will be started. This should provide a much improved patient admission service, and the co-operation of all surgical registrars and ward sisters, on whom the main responsibility will fall, is appreciated.

Detailed instructions for the move of patients will be issued later.

Hunt's House Upgrading

Hurst Ward will be closed on 4th September, 1972 for approximately six weeks to enable redecoration and certain structural alterations to be carried out. Three of the Lessof/Joiner beds at present in Addison Ward will remain there, and the remaining beds will be occupied by twenty Houston/Knight patients from Hurst Ward. This includes the balcony beds and during this period patients requiring isolation will be nursed in side wards.

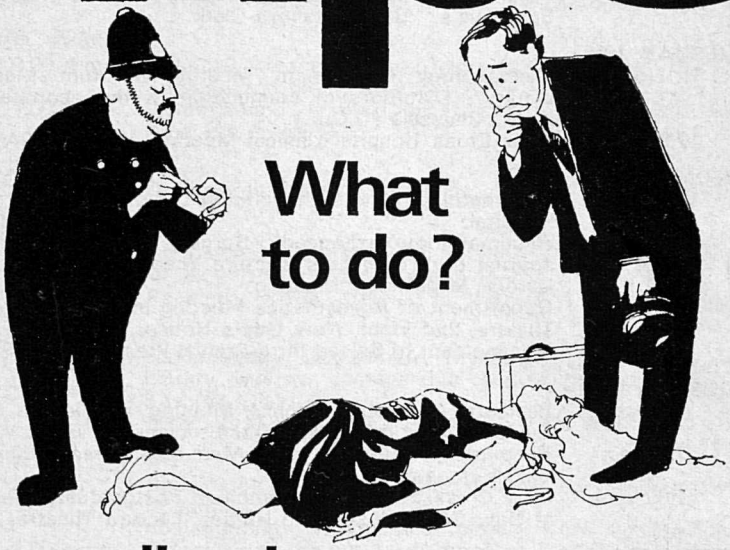
Detailed instructions for the move will be issued later.

Analgesic Nephropathy

Dr. Alistair F. Burry, M.R.C.Path., Director of Pathology, Brisbane General Hospital, who has done much of the original work on Analgesic Nephropathy, will be talking on this subject on Monday, 18th September, at 5 p.m. in the Lecture Theatre, 2nd Floor, Shepherds House.

ALL THOSE INTERESTED ARE WELCOME

mps



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GUY'S DIARY

DEPARTMENT OF POSTGRADUATE STUDIES

POSTGRADUATE MEETINGS FOR SEPTEMBER

SATURDAY, 9th
11.00 a.m. Neurosurgical Unit Conference in the Maudsley Hospital.

MONDAY, 11th
12.30 p.m. St. Olave's Hospital—Staff Round in Conference Room.
12.30 p.m. Weekly Orthopaedic Meeting on Christopher Ward.
12.45 p.m. Lunchtime Meeting in X-Ray Department.
2.30 p.m. Psychological Medicine Postgraduate Teaching Round at St. Olave's. Dr. D. Stafford-Clark.

TUESDAY, 12th
12 Noon Haematology Department Meeting in Hunt Memorial Library. Disorders of coagulation in the neonate. Dr. Judith Chessels (G.O.S.).
12.30 p.m. New Cross Hospital Clinical Meeting on Ward 9A.

WEDNESDAY, 13th
12 Noon Rheumatology and Rehabilitative Medicine—New Cross Hospital.
1.00 p.m. Rheumatology/Orthopaedic Surgery Case Conference. Journal Club in Nurses' Lecture Theatre.
1.00 p.m. Cardiac Department Meeting.
5.00 p.m. Department of Anaesthetics Meeting in Obstetric Lecture Theatre, 2nd Floor, New Guy's House.
Management of Raised Intra-Cranial Pressure. Mr. Polkey.

THURSDAY, 14th
1.00 p.m. Paediatric/Obstetric Clinical Meeting in Victoria Ward, Guy's. Dr. Stimmler and Obstetricians.
1.00 p.m. Respiratory Round in Hunt Memorial Library, 4th Floor, Hunt's House.
1.00 p.m. New Cross/St. Olave's Combined Postgraduate Meetings at New Cross Hospital in Nurses' Lecture Theatre.

FRIDAY, 15th
8.00 a.m. Surgical Meeting in the Demonstration Room, Dept. of Surgery, 2nd Floor, New Guy's House.
12 Noon Urology Department Meeting in the Demonstration Room, 2nd Floor, New Guy's House.

SATURDAY, 16th
11.00 a.m. Neurosurgical Unit Conference at the Maudsley Hospital.

MONDAY, 18th
12.30 p.m. St. Olave's Hospital—Staff Round in Conference Room.
12.30 p.m. Weekly Orthopaedic Meeting in Christopher Ward.
1.00 p.m. Paediatric Clinical Meeting in Diplock Ward, Guy's.
2.00 p.m. Clinical Orthopaedic Meeting in Orthopaedic Department in Casualty.
5.00 p.m. Dr. Alistair F. Burry, Director of Pathology, Brisbane General Hospital, will talk on Analgesic Nephropathy in Shepherd's House Lecture Theatre.

TUESDAY, 19th
12 noon Haematology Department Meeting in Hunt Memorial Library. Lessons from the Eltham rail disaster. Dr. Peter Black.
12.30 p.m. New Cross Hospital Clinical Meeting in Ward 9A.

WEDNESDAY, 20th

12 Noon — Rheumatology and Rehabilitative Medicine—New Cross Hospital.

12.00 p.m. — Rheumatology/Orthopaedic Surgery Case Conference.

1.00 p.m. — Lipids and Gout. Dr. T. J. Gibson. In Nurses' Lecture Theatre.

1.00 p.m. — Cardiac Department Meeting.

2.15 p.m. — Department of Medicine Clinical Meeting at New Cross Hospital.

THURSDAY, 21st

12 Noon — Paediatric/Pyschiatric Case Conference at the Evelina Hospital in Hector Cameron Ward.

1.00 p.m. — Respiratory Round in the Hunt Memorial Library, 4th Floor, Hunt's House.

1.00 p.m. — New Cross/St. Olave's Combined Postgraduate Meeting at New Cross Hospital in the Nurses' Lecture Theatre.

FRIDAY, 22nd

8.00 a.m. — Surgical Meeting in the Demonstration Room, Dept. of Surgery, 2nd Floor, New Guy's House.

1.00 p.m. — "Staff Round" in the Clinical Lecture Theatre, 2nd Floor, New Guy's House.

SATURDAY, 23rd

11.00 a.m. — Neurosurgical Unit Conference at the Maudsley Hospital.

MONDAY, 25th

12.30 p.m. — St. Olave's Hospital—Staff Round in Conference Room.

12.30 p.m. — Weekly Orthopaedic Meeting in Christopher Ward.

1.00 p.m. — Paediatric X-Ray Meeting in Medical X-Ray Department.

TUESDAY, 26th

12 Noon — Haematology Department Meeting in Hunt Memorial Library. Marrow damage due to gold therapy—Dr. April Kay (St. Mary Abbots).

12.30 p.m. — New Cross Hospital Clinical Meeting on Ward 9A.

WEDNESDAY, 27th

12 Noon — Rheumatology and Rehabilitative Medicine—New Cross Hospital.
Rheumatology/Orthopaedic Surgery Case Conference.

1.00 p.m. — Steroids and the pituitary-adrenal axis by Dr. R. A. Sturge in the Nurses' Lecture Theatre.

2.00 p.m. — Department of Medicine Clinical Meeting in Hunt Memorial Library.

3.30 p.m. — Department of Medicine Research Meeting in Hunt Memorial Library.
Intra-vascular Coagulation in Fulminant Hepatic Failure—Dr. M. Rake.

THURSDAY, 28th

1.00 p.m. — Respiratory Round in Hunt Memorial Library, 4th Floor, Hunt's House

1.00 p.m. — New Cross/St. Olave's Combined Postgraduate Meeting at New Cross Hospital in the Nurses' Lecture Theatre.

FRIDAY, 29th

8.00 a.m. — Surgical Meeting in the Demonstration Room, Dept. of Surgery, 2nd Floor, New Guy's House.

1.00 p.m. — "Staff Round" in the Clinical Lecture Theatre, 2nd Floor, New Guy's House.

SATURDAY, 30th

11.00 a.m. — Neurosurgical Unit Conference at the Maudsley Hospital.

On Re-Reading Virginia Woolf

G. L. Davies

It is now thirty years since the death of Virginia Woolf, "found dead on the Sussex Downs", as my newspaper put it on that particular morning. It seemed to be a sad end to a brilliant intellect, and a consummately beautiful writer of English prose; but one gathered that she had had more than one mental breakdown in the past. That she had "great wit" and came within the orbit of the poet Pope's dictum that, "great wits to madness are allied", is only too clear, "wit" in this sense being construed as great intellectual capacity, though she was by no means devoid of humour either. One imagines that she was concerned to write only what came within her own high literary standards and not what might be immediately saleable. Indeed, perhaps she had no need to consider the question of finance and, for that reason, was a dedicated artist, dedicated, that is, to the notion of Art for Art's sake.

To be fond of books—and that is, by no means, tantamount to being a bookworm—is to be constantly confronted with books which one would like to read, or re-read, were one never up against the need, and wish, to do other things. Deteriorating eyesight, too, not only makes reading an increasing strain, but the effort of trying to "accommodate" when the skill of the oculist can do no more adds immeasurably to both mental and physical fatigue, so that the pleasure of reading and also of carrying out one's usual activities out of doors gradually decrease, one would say, in equal ratio. For this reason to re-read much of Virginia Woolf's works, and to refer to what has been written about her since her death, presents, to me at any rate, insuperable difficulties. I must, therefore, confine myself to one or two of the more interesting aspects of her work.

Dr. Johnson soon discarded a book if it didn't come up to his expectation. Humble mortals like myself plod on to the end, vowing never to read it again; and, if one has a kind of determination at the back of one's mind only to read books which one will wish to read at least once again, even, it may be, some twenty years later (as has sometimes happened), to discard them only partially read is somehow a confession of failure.

Virginia Woolf's work consists largely of essays, a form of literature which has many attractions. It is usually succinct and devoid of the verbosity which often mars a long work, and which has, usually, to be read in "snatches" and the book-mark inserted where we leave off. On resuming, perhaps a few days later, one often has to retrace one's steps to discover the context of the part where we intend to start reading again. An essay, on the other hand, can usually be read at one sitting.

Taking "The Moment" and "The Common Reader" (1st and 2nd series) as typifying Virginia Woolf's work in this *genre*, there is, for those drawn to this particular form of "belles-lettres", a fascinating

collection of subjects, both personal and abstract. In "The Moment" we have, for instance, amongst others, an essay on Edmund Gosse, and Virginia Woolf's brilliant essay, "On Being Ill". In the Common Reader series, in a similar way, we have an essay on "The Novels of Thomas Hardy" and one on "How one should read a book". This sort of anthology earned the commendation of Dr. Johnson when he said: "I rejoice to concur with the common reader, for by the common sense of readers uncorrupted by literary prejudices, after all the refinements of subtlety and the dogmatism of learning, must be finally decided all claim to poetical honours"—a truly Johnsonian ruling, one may perhaps say.

Looking through the contents enumerated on the fly leaves of "The Moment" and the two volumes of "The Common Reader", one is faced, after the lapse of some twenty years or more since the first reading, with a choice of subjects which would tend to lure one on to repeated quotation did one not have to hold oneself back. Taking one of her essays in "The Moment" as being most appropriate perhaps to the *Gazette*, and having in mind the more macabre "Confessions of an English Opium Eater" by De Quincey, perhaps to give a few interrupted excerpts from her essay "On Being Ill' will provide some indication of her style and the imaginative quality of her mind. She starts off typically: —

. . . "Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing when the lights of health go down, the undiscovered countries that are then disclosed" . . . "people write always of the doings of the mind, its noble plans, how it has civilised the universe." . . . "those great wars which the body wages with the mind, a slave to it, in the solitude of the bedroom, against the assau't of fever or the oncome of melancholia, are neglected . . . the public would say that a novel devoted to Influenza lacked plot: they would complain that there is no love in it, wrongly, however, for it invests certain faces with divinity, sets us to wait hour after hour with pricked ears for the creaking of a stair. Finally, there is the poverty of the language, English, which can express the thoughts of Hamlet and the tragedy of Lear, but has no words for the shiver and the headache. The merest schoolgirl, when she falls in love, has Shakespeare or Keats to speak her mind for her; but let a sufferer try to describe a pain in the head to a doctor and language at once runs dry. There is a childish outspokenness in an illness; things are said, truth blurted out which the cautious respectability of health conceals . . . About sympathy, for example—we can do without it; always to have sympathy, always to be understood would be intolerable. But in health the genial pretence must be kept up, and the effort renewed to communicate, to civilise, to share, to cultivate the desert. In illness this make-believe ceases and it is then that we turn to the poets, for illness makes us disinclined for the long campaigns that prose exacts. The "Decline and Fall of the Roman Empire" is not the book for Influenza, nor "The Golden Bowl" or "Madame Bovary". In illness words seem to possess a mystic quality, and we grasp what is beyond their surface meaning. Incomprehensibility has an enormous power over us in illness."

But, conceivably, enough has been quoted, more than enough, maybe, for some readers. Today, when we have to read, and listen to so much "slapdash" English, perhaps a course of the writings of Virginia Woolf, intermingled with a course of Hazlitt, shall we say (as expressing a personal choice) would do much to keep the "well of English, pure and undefiled."

BOOK REVIEW

RUSSIAN FOLK MEDICINE, Paul M. Kourenoff/George St. George. Pan Books, 35p 1st Edition, September, 1972.

Mr. St. George, I am glad to say, goes to great pains to emphasise that certain symptoms and diseases are serious, and a qualified doctor should be consulted. His book is not intended to be taken seriously—nor is it intended for medical professionals. This understood, then the two criticisms that spring immediately to mind, viz: "That is not correct" and "that could not work," are not really deprecative; and taken for what it is meant to be—an interesting historical account of folk medicine, rather than a serious medical text—the book is certainly successful.

Actually in parts it is downright hilarious; as much for the diseases it purports to treat—gallstones which following the correct medication pass out via the uninary tract for instance ("a combination of vegetable juices which leads to copious urination which might become more and more painful as the pieces of gravel-like gallstones pass out."); Angina Pectoris which is "the spasmodic contraction of the heart artery" (which one in particular one wonders or could he be referring to the Aorta?)—as the cures it recommends. Epileptics for example are prescribed raw onions to make their attacks less frequent, but should this fail then "during a seizure (one should) place the left hand of an epileptic on the floor and step on his little finger."

And then of course there are pages and pages of the predictable "carrot juice and valerian" type recipes which claim to alleviate everything from ingrown nails to tarantula bites, and some cures which smack even of witchcraft. For all "nerve disorders . . . the patient had literally to be scared out of his wits." The Shaman would hide a bottle of water in a cemetery and order the patient to go and look for it at night.

The book only threatens to become boring when it states the obvious. I think there is nothing especially Russian about advocating changing the socks once a day as a cure for sweaty feet; nor yet in dressing warmly in winter to avoid risk of respiratory disease. Perhaps the most intriguing aspect of ancient folk medicine is recognition of how closely, in places, such therapy correlates with ours. Sweetbriar tea to prevent coughs and colds (Vitamin C), foxglove leaf infusion as a heart stimulant (digitalis), and so forth. And those familiar with exhibit No. 964 in The Gordon Museum will recognise that at least one erstwhile Guy's patient has tried the Eastern Siberian method of curing haemorrhoids!

To conclude, then, "Russian Folk Medicine" is really a "summer holiday reading" book. Interesting and amusing, albeit trivial, it is certainly worth 35p for the various laughs it affords.

I.H.D.

THE NAVY IS OFFERING TWENTY-FIVE MEDICAL CADETSHIPS THIS YEAR. ONE COULD BE YOURS.

To be in the running, you must have your 2nd M.B. behind you.

After that, we'll want to be sure you are suited to be a medical officer in the Royal Navy.

For it's a unique way of life.

Serving with the Navy at sea, you'd have absolute responsibility for the health of all on board—and possibly in other ships as well. Alternatively, in Naval hospitals at home and abroad, you'd be caring for Service men and women—and their families.

Wherever you are, you'd be part of a team. Finding new interests—meeting new problems—seeing new faces. For as well as being a doctor you'd be a naval officer—with the travel, the satisfaction and the full rewarding life that every naval officer enjoys.

Of course all this happens after your registration. In the first place, to qualify for a medical cadetship, you must pass your second M.B., or equivalent. After that you must be selected, following a Board interview.

Then while still at medical school, you are just like any other student. Except that we pay your fees and give you a guaranteed salary of £1,898 a year in the rank of Surgeon Sub-Lieutenant.

When you qualify you can spend your pre-registration year either at your hospital or one of ours.

After which we promote you to Surgeon Lieutenant, your pay goes up to £3,942 a year and you begin your short-career commission with us for five years. When you leave us you'll take a lot of useful experience with you—together with a tax-free gratuity of at least £1,400.

As well as 2nd M.B. students, the Navy also enters qualified doctors for a 5-year short-career commission. (Applications should be made during or after pre-registration year.)

Write now to Surgeon-Commander F. M. Kinsman, R.N., (26 AZ), Dept. of the Medical Director-General (Navy), Empress State Bldg., London, S.W.6, and tell him your age and qualifications. In return he'll tell you more about the advantages of applying for a medical cadetship or commission with the Royal Navy.

RN ROYAL NAVY

NURSING

The Examination Results

An ill-timed and extremely scathing editorial in one of the nursing journals recently questioned the high failure rate in nursing examinations. It was incidentally very intriguing to most members of the profession, as the writer appeared to be in possession of the results two days prior to their release.

The article stated that there is a consistent failure rate of approximately thirty-three per cent, and that this is very poor for such a profession. It also made some incorrect statements, demonstrating gross ignorance, which is unpardonable in such a publication.

In attempting to discern the cause for the number of unsuccessful candidates the writer tried—and failed—to find a scapegoat, but tota'ly overlooked one extremely important fact.

Those who present themselves for training as nurses come from all walks of life. At present there is not a standard minimum qualification required for entry. This is why the results fluctuate so dramatically in any one hospital. There is a clause which states that two subjects at G.C.E. Ordinary Level are required, but those not possessing these may undertake a test formulated by the General Nursing Council. Thus, nurses entering to train for State Registration may have anything from no G.C.E. subjects at all, to several subjects at Advanced Level.

With this very wide range of academic ability present in one group of people, is it then surprising that examination results demonstrate a high failure rate? The questions are aimed presumably at the middle group and there will be many under that. In addition, the questions are frequently phrased very badly, and are thus difficult to interpret even for the more intelligent.

Nursing is somewhat euphemistically called a Profession. It is, however, the only calling of this nature which does not have rigid basic conditions of entry. Moreover, until this is achieved, no other Professional Body will consider nurses as comparable colleagues.

If the administrators of nursing wish to see an improvement in the examination results, they must look to the stipulated basic qualifications. When, and only when, some serious thought is given in this direction can anyone hope to see more success.

The Clinical Instructor

With the introduction of the much heralded and most disappointing Salmon structure to hospital administration, a new grade of nurse was created. This was to be named that of Clinical Instructor, and the invention was to solve all prob'ems connected with teaching in the wards. Training courses were created and suitably qualified nurses were recruited, but unfortunately all the troubles did not then cease, and a few years later, much thought is now being given to the scheme.

One very noticeable fact has emerged from this, and that is that no hospital is able to appoint their recommended quota of Clinical Instructors. Many people have marked reservations about applying for these posts, and in fact the majority of ward sisters in this country are receiving no more help than was previously the case. Why then

shou'd this be so?

The main reason of course is that the incentives to becoming a Clinical Instructor are virtually nil. These people, of necessity, must be experienced ward sisters. They then have to work in the wards with no authority to administer, and to accept what is said by the ward sisters, whether with approval or not. Furthermore, there is frequently antagonism from ward sisters who resent this intrusion, and thus great diplomacy is required to ensure an equable working climate.

In order to become a Clinical Instructor, a six month course must be undertaken. This qualification however is really not very valuable and most of those ho'ding it do in fact continue to the course for Nurse Tutors. They are now able to undertake this latter in one year instead of two, but as with the shortened Paediatric Course, this is likely to prove more of a disadvantage than the authorities would persuade us to believe.

Finally of course, there is the question of whether these people enjoy their work. Many appear to find it extremely frustrating, as instead of being responsible for only two wards, they are undertaking duties in far more than that.

It would appear then, that unless more encouragement is given to those who are prepared to teach and yet not leave the clinical environment, the days of Clinical Instructors are numbered. At its best, this role can only be considered as a transitory one in the lives of most nurses. The day when tutors will have to specialise in a particular field is approaching, as most are now incapable of maintaining an adequate standard of knowledge in all fields. Maybe the demise of the Clinical Instructor would encourage this, and ensure that Nurse Tutors take a more active clinical role, able to help and advise at all levels. That surely would provide a more satisfactory solution.

NOTICE

GUY'S HOSPITAL BIENNIAL DINNER

FRIDAY, 6th OCTOBER, 1972

The Biennial Dinner will be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2. on Friday, 6th October, 1972 at 7.0 p.m. for 7.30 p.m. The Chairman will be R. J. Cann, Esq., M.S., F.R.C.S. The Dinner affords the most popular opportunity for all qualified Guy's men and women—medical and dental—to meet together and renew the friendships of their student days.

The Honorary Secretary will be grateful if Guy's men and women who intend to be present will apply for tickets (£4.00 made payable to Guy's Hospital Biennial Dinner) as soon as possible to the Honorary Secretary, Biennial Dinner, Guy's Hospital, SE1 9RT. (Tel: 01-407 7600, Ext. 341). CLOSING DATE FOR APPLICATIONS 25th SEPTEMBER, 1972.

In the afternoon of Friday, 6th October, Professor Ian McColl is arranging a meeting, "Gastro-Intestinal Endoscopy" at 2.30 p.m. in the Physiology Theatre in the Medical School. This subject is of wide interest to all doctors and it is hoped as many as possible will take the opportunity to attend.

Noel Glover,
Honorary Secretary, Biennial Dinner.

GUY'S HOSPITAL GAZETTE

CENTENARY EDITION

Guy's Hospital *Gazette,* the oldest Hospital Journal of its kind, is soon to celebrate its centenary which will be commemorated by a special bound edition, the publication date of which is now the 4th of November.

The Editors will be pleased to receive letters, articles or other contributions of historical nature relating to Medicine, Dentistry or life in Guy's Hospital.

This edition will be circulated in the normal way, at no extra cost to subscribers; non-subscribers may place orders now—to the *Gazette* Offices—for this special edition.

The Dental Surgery of Appearance

by

David M. Macdonald

Part 1

Historical

Since the middle of the first pre-Christian millenium records have shown that man, inspired by vanity, fashion, mysticism or religious beliefs, has been mutilating, adorning and decorating the various parts of his anatomy, not the least, the teeth. These homages to the aesthetic senses have taken many forms from the ligaturing of loose teeth by gold or silver threads to the insertion of dental bridge-work carrying bovine or ivory teeth.

Two thousand years were to pass with few modifications and little improvement to the early Etruscan appliances until the advent of Pierre Fauchard, the father of modern dental prostheses, who was extremely active in the construction of fixed dental bridge-work, he probably being the first to attach prostheses to the teeth by the use of screws or posts inserted into devitalised roots.

The late nineteenth and twentieth centuries brought important changes in the use of artificial porcelain teeth, low fusing porcelain on gold matrices, high fusing porcelain veneer crowns on platinum matrices and more and more complicated crowns supporting spans of artificial teeth, often adapted to diseased roots and supporting tissues. The rise of focal sepsis was soon to reach its zenith, proposed by no less a personality than William Hunter who declared in his famous address at McGill University that "gold fillings, gold caps, gold crowns, fixed dentures, built in, on, and around diseased teeth, form a veritable mausoleum of gold over a mass of sepsis, to which there is no parallel in the whole realm of medicine and surgery." It seems likely that such an opinion set off a charge which was due to explode anyway and so the pendulum swung the other way and in a few years fixed bridge-work was held in ill repute. But not for long as soon, a mountain of bacteriological and scientific study arose to show that Hunter's scathing criticism was not altogether fair or justifiable and so common sense took charge and ultimately killed focal sepsis.

Today we have a conception of the healthy mouth which was not known fifty years ago and, despite the effects of time and often the neglect of the patient, we know that extensive and elaborate reconstructive work can be done in such a way as not to be incompatible with oral health. The art and science of dentistry has been given a new birth and perspective.

Man is a vain creature and the loss of a tooth or teeth detracts from his appearance and may be aesthetically unacceptable. For those who expect the inevitable loss of teeth as a result of the ageing process, the full denture prosthesis provides a functional and pleasing method of maintaining the appearance. There is also the category of patient who becomes enthusiastic for restorative dentistry after the loss of a tooth from injury or disease, particularly if the defect cannot be hidden. Such a defect can inflict a crushing blow to the ego and put the patient under a severe emotional strain.

During the last 50 years the science and study of dental materials and their manipulation have brought many advances in the mechanical and aesthetic development of restorative dentistry. The uses and properties of these materials can now be considered in more detail.

Porcelain Restorations

The craft of making porcelain is an ancient one of more than 2,000 years, being first practised by the Chinese. The first artificial teeth were made of porcelain in 1815 and the first jacket crown was introduced by Hand in 1895. Porcelain is composed of kaolin (aluminium silicate), feldspar and quartz. When fired to an appropriate temperature, between 930°C and 1320°C, the feldspar fuses to glass which cements the more refractive kaolin and quartz. Variations in colour are controlled by the use of metallic oxides. For dental purposes the colour and translucency of a jacket crown can be matched so that it becomes indistinguishable from that of the natural tooth.

Porcelain jacket crowns are of considerable hardness, but criticism has been levelled at their liability to fracture on impact stress.

This has lead to the development of the bonded porcelain gold crown, an alloy of gold-ruthenium-palladium or gold-platinum-silver on to which a low-fusing porcelain of matching thermal expansion can be fired. These restorations have now reached a stage in their development which is regarded as highly acceptable. There are limitations, however, to the use of the bonded porcelain gold crown, an important one being the amount of tooth substance which must be removed to allow for an adequate thickness of gold and porcelain.

A further recent advance in porcelain restorations has been the advent of the aluminous porcelain crown. This has been developed from the ceramic oxide, aluminium oxide (Al_2O_3), known as alumina in the industrial field. After fusion at a temperature of around 1,000°C the resulting product is a hard, impermeable ceramic of high strength with physical properties far in excess of dental porcelain.

Acrylic Restorations

Synthetic or acrylic resins are non-metallic compounds which can be moulded and hardened for commercial purposes. The chemical form and morphology of the molecule determines whether or not the plastic is a fibre, a rubber-like product or a resin. The material used for dental purposes such as jacket crown restorations, inlays,

pontics for bridges, artificial teeth and denture bases, consists in the main of methyl methacrylate, a synthetic resin which is available in natural colours with translucency, dimensionally stable, strong, resilient, impermeable and insoluble in mouth fluids. The material has, however, certain disadvantages, the main one being a tendency to wear with a resulting loss of colour when the restoration is opposed to natural teeth or, after a time, by cleansing with a toothbrush. In general, the era of the acrylic resins has been a disappointing one and there has been a return by the dental profession to the use of ceramics for crown and bridge restorations.

Dental Bridges

These are prostheses which span spaces in the dental arch. They cannot be removed by the patient and they are permanently attached to natural teeth or roots which form the supports or abutments. The aim of the dental bridge is to restore the natural occlusion and so maintain the normal physiological tone to the supporting and investing tissues and to ensure that the correct outline and contour form are present in the restoration so that facial aesthetics may be satisfied. The materials used in the construction of a dental bridge are gold, porcelain and the acrylic resins or a combination of these.

When several teeth are missing from different parts of the dental arch or where too large a span exists or the abutment teeth are not of sufficient strength to carry the bridge, a removable partial denture is usually to be preferred. A bridge has, however, many advantages if favourable conditions exist in the supporting teeth and surrounding tissues and the opposing teeth occlude in a manner which will not traumatise the abutment teeth and so cause their early loss.

As a result of advanced periodontal disease or trauma there is often considerable loss of the alveolar process especially in the upper and lower incisor regions. In such cases, the fitting of a partial denture is only partially successful as the prostheses are moderately unstable. More important, however, is the continuing loss of alveolar process with a consequent loosening of adjacent teeth due to the stresses and strains of mastication. The fixed dental bridge cannot be fitted as artificial gum becomes necessary. The precision attachment removal bridge with springs, locks, bars, studs and many other ingenious forms of attachment inserted into or on sound abutment teeth provides an ideal solution in such cases as the bridge is completely stable and rigid, can be removed for cleansing purposes and has excellent appearance.

NOTICE

GUY'S HOSPITAL CHRISTIAN UNION

A reunion to mark the 125th anniversary of the Christian Union is being held at Guy's on Saturday, 30th September, from 11 a.m. to 5 p.m. Any past members who have not received information by post and any others interested are invited to send for further details to The Secretary, Guy's Hospital Christian Union, East Wing, Guy's Hospital, London, SE1 9RT.

CORRESPONDENCE

Occasional Student

SIR,—I have just had the pleasure of attending an occasional clinical lecture on the circulation of the placenta given by Dr. M. Donner of the Department of Radiology of our sister hospital, Johns Hopkins. The occasion was primarily, of course, for clinical students, but the audience on this occasion was almost entirely derived from the staffs of several departments and particularly those in the Medical School building.

It was a matter of great regret and disquiet to myself and other colleagues that a distinguished visitor, from a hospital which always accords an excellent reception to those of us who have the good fortune to visit it, should have attracted on this occasion such little interest. Such occasions are valuable for students and staff alike. Dr. Donner's demonstration was no exception; it was a fascinating illustration of modern radiological technique and its usefulness in physiological experimentation. There seems no doubt that the occasion was adequately advertised and yet there was an almost complete absence of clinical students and, in fact, a mere sprinking of staff.

Yours sincerely,

ROGER WARWICK

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

Blue Peter

SIR,—I have followed with keen interest the boxing progress of Peter Murdoch and was indeed surprised to see that he was not awarded a Blue, as pointed out by the trainer Charles Pocknell.

At this time I am sure it would be of interest to the *Gazette* readers if the Sports Editor would inform them for what reasons the Blues are generally awarded and how the Blues Committee is selected.

Yours faithfully,

E. J. N. CHATER
Vice-President, Guy's Hospital Boxing Club and Ex-Chairman Blues Committee.

5, Norfolk Mansions,
Prince of Wales Drive,
London, S.W.11.

Apathetic Society

SIR,—It was with great delight that I read the able rendering of the Quinquennial report of the "British Apathetic Society" by Michael Simpson. One point in his report really must stand correction though and it is this. The British Society is the second and not the founding Society thus making our Swedish branch the third in age. If we go into the history of the society more carefully we find that in fact it was founded by the Chinese "Old Man" Lao Tzu who after he died—didn't die—met Confucius and had a long conversation—not conversation—with him whence it is assumed by the realists that he must have been born in 604 B.C. because we cannot conceive of this having happened—not happened. It was Lao Tzu who wrote the "Articles" of the Society—didn't write them—because they were old at the time (Tao Teh Ching) at the demand of a Gate Keeper—not Gate Keeper—of a Pass—not Pass—in a non-existent place on the borders of Chinese and another country—not country.

Laissez-faire is Wu wei in Chinese and this is the basis of his teaching "The Tao which can be expressed is not the real Tao". The Buddhist is taught not to want but the Taoist has the supreme teaching, not to be wanted.

Surely, the "Old Man" of China must have been the Father Founder, the Hidden Secret, of our most noble society the "Apathetic Society". Its

teachings are profound and may it progress—not progress—from strength to strength—not strength—in real—not real—oblivion—not oblivion—(Sanskrit—Sunyata, plenum-void.) Divine madness—yes! but it is good clean fun in this world so serious that it cannot enjoy living.

With metta,

OSWALD B. BALEAN

Harcourt,
13, The Ridgeway,
Chatham,
Kent.

Obiter Dictum

SIR,—The following paragraph was written in a patient's notes by one of Registrars in Gynaecology and Obstetrics and I thought it might give some amusement to your readers.

"I was asked to see this patient as I am responsible for the infertile patients in the hospital."

I hasten to add that this was not a secretarial error as the comment was handwritten and signed.

Yours faithfully,

MISS R. EDMONDS
Medical Secretary, Guy's Hospital.

Guy's Hospital,
London, SE1 9RT.

SPORT

SPORTS COMMENT

In response to Dr. Chater's letter I think it is necessary that I should clarify some of the facts regarding the awarding of "Blues" and "Half-Blues" within the hospital. The rules concerning this are exhaustively laid down in the Clubs' Union Handbook but I shall give a brief account of the more relevant points.

"Blues" and "Half-Blues" are awarded by the "Blues" Committee to members of the various sporting teams. The "Blues" Committee consists of a secretary, elected from the previous year's Committee, and six other members, all of whom are full "Blues". The only other restriction on the composition of the Committee is that no two members except the secretary may be from the same Club. This Committee is elected at the Annual Meeting (held at the beginning of the academic year) of the full "Blues" in the Hospital.

The actual procedure whereby awards are made is that at the end of each Clubs' season the Club Captain should submit to the secretary nominations for "Blues" and "Half-Blues". At its next meeting the Committee then decides whether or not to grant these awards. In the event of one being refused, the Club Captain is entitled to ask for an explanation. This explains how the awards are made and, while I think it is no longer profitable to discuss an individual case in these columns, it perhaps also makes clear that there are several links in the chain where an error of communication, for example, could lead to an omission. I am further assured by the current secretary of the "Blues" Committee that the last meeting was perfectly constitutional and properly advertised.

In answer to the question "for what reasons are 'Blues' generally awarded" the rules have very little to offer except that Rule 7 states: "The number of 'Blues' and/or 'Half-Blues' awarded to any one Club in a season shall be left to the discretion of the 'Blues' Committee, with a view to maintaining a high standard of awards." The official answer is that they are awarded for a combination of sporting merit and service to the club and this, I am sure, is very appropriate.

PAUL CALVERT

(Note for "Women's Lib."—Rule 12, the final rule, begins: "Blues" and/or "Half-Blues" may be awarded to members of the Ladies' Hockey, Squash rackets, Lawn Tennis or Lacrosse teams.)

GUY'S CRICKET TOUR

Guy's Cricket Club went on their annual escapade to Thatching's on 4th August. Guy's main opening bowler pulled out the evening we were due to depart, leaving only 10 men for the tour. With an indeterminate number of breakdowns and wheels falling off the cars they arrived at Thatching's.

The first game was against the local Pagham team whence John Snow hails. Pagham were bowled out for 186, but the Guy's fielding was extremely poor; a bad sign since fielding always deteriorates as the tour continues. The opening pair of Langdon and Holland put on 50 for the first wicket. However, the next three wickets fell at 51, and after minor resistance from Rees and Wright we looked very much like losing at 87 for seven. But a stand of great perseverance between Kay and Jones, both recording their highest scores of the season, saw us through to a momentous 111 for eight wickets and a draw. Kay celebrated his performance with a Vindaloo curry in the evening from which he and his room mates did not recover for several days.

At Bognor the next day we fared even worse. Once again we batted second and were facing a total of 184 from a mediocre Bognor side. Ryan and Kay took four wickets each. Guy's batting was appalling; Winter, Fitton and Evans reached double figures and Rees scored 27 as we were bowled out for 85 : four wickets went down to joke bowling from an old Guy's dentist, Biggs. Guy's tried hard to forget the afternoon in a good social evening at the Bognor clubhouse. Langdon obtained commiseration for his first 0 of the season from a shapely fire extinguisher, tenderly referred to as Phil, and a bed full of chrysanthemums.

At Worthing the next day Guy's were determined to do better. Fitton and Evans scored 42 and 41 respectively, and Rees scored 36, so that Guy's were able to declare at 161 for eight wickets. Langdon and Winter made up the speedy Guy's opening attack, but it was soon decided that the best tactical move was to give up trying to bowl Worthing out and leave Langdon to run out the Worthing team. He only managed, however, to run out three batsmen (two in successive balls), and in an exciting finish with a four off the last ball the scores ended level. But for some dropped catches this would have been Guy's first win of the tour.

For the first time on tour, Guy's had a fixture against Middleton C.C. Against rather poor bowling Guy's scored 182 for eight wickets. Langdon 44, Winter 49, Wright 43 and Rees 21 scored the runs. We once again felt the lack of a really penetrating bowler when Middleton batted. They managed to hold out until the end at 102 for eight wickets. The feature of the bowling was an excellent opening spell by Wright who clean bowled the first three Middleton batsmen for seven runs. This meant that Middleton never felt safe enough to try to get the runs, and Wright was not able to bring out the same fire in his second spell.

The last game of the tour was at Cuckfield. We were invigorated by some new blood in the form of Ogle and Cook and were able to put up the best show so far, scoring 225 for five. Winter and Wright both reached 40, when the rate was accelerated by Fitton and Rees, who put on 70 runs in 30 minutes. Rees scored 34 and Fitton was left unbeaten at the end with a fine 67. At last, Jones came good with his bowling. This was despite a nasty crack on the shin the day before, which made his running even slower than usual, a phenomenon most of the team had not thought possible. He took seven for 38 and Cuckfield were bowled out for 129, a fitting win to end the tour and the season.

Those participating were :—C. Langdon J. Rees, M. Winter, G. Evans, R. Fitton, J. Wright R. Jones, J. Lewis, P. Kay, C. Ryan, A. Holland, J. Ayres, J. Ogle, A. Cook, J. Crolla.

Our thanks go to J. Crolla who broke up his holiday to play cricket for us in three of the five matches.

JOHN REES

HOSPITAL INFORMATION

THE NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITALS

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st November, 1972. The Unit which is housed in the Maudsley Hospital serves Guy's, Bethlem Royal Hospital and the Maudsley Hospital and King's College Hospital. Applications giving details of experience and the names of two referees should be made by 15th September, 1972 to House Governor and Secretary, The Maudsley Hospital, Denmark Hill, London, SE5 8AZ.

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the posts of **Resident Paediatric House Physicians** (post-registration) at the Evelina Children's Hospital for a period of six months, one to commence 1st December, 1972 and one to commence 1st February, 1973. This post is recognised for the D.C.H. and consists of four months medicine and two months surgery. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent Guy's Hospital, London SE1 9RT, not later than **15th September, 1972.**

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.R.C.S.

June 1972

Glover, J. R.
Horrocks, M.
Spicer, R. D.

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

M.R.C.P.

July 1972

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N. P. C. Cavanagh
P. V. F. Cosgrove
N. K. Griffin
P. McK. Hudson
J. F. Price
D. R. H. Vernon
P. J. Whorwell

UNIVERSITY OF LONDON

First Examination for Medical Degrees

(Internal Students)

June/July 1972

Berntsen, P
Bjonaas, J.
Brown, N. P. R.
Gjaere, Miss Turid J.
Godsland, Miss Judith M.
Hooper, Miss Susan M.
Koo Seen Lin, L. C.
Lian, S.
Mohn, Miss Anne-Siri
Pieniazek, J.
Pike, M. G.

The following candidates have qualified for exemption from the First Medical.

Bundock, A. D.
Davies, R. C.
Evans, R. P.
Franklin, Miss Suzette L.
Gay, J. C.
Gilhooley, M. G.
Girdlestone, Miss Judith M.
Grant, Miss Sandra I.
Heron, Miss Christine W.
Long, Miss Margaret R.
McLauchlan, C. A. J.
May, C. D.
May, T. S.
Owen, J. G.
Portelly, A. C.
Poulter, R.
Sova, Miss Clare M.
Taylor, Miss Coryn P.
Taylor, S. D. B.
Tootell, Miss Sandra A.
Vlitos, J. P.
Watkinson, P. S.
Willetts, G. M.
Zaki, G. A.

UNIVERSITY OF LONDON

2nd B.D.S.

July 1972

J. V. O. Almeida
Janice Baker
Ruth M. Becker
R. A. Beioley
M. P. Bennetts
J. Burgess
A. M. Campbell
H. T. Davies
G. R. W. Edgar
G. P. Feaver
J. A. Fewster
N. L. Fisher
Margaret H. Gair
R. Glazebrook
Anne P. Gledhill
C. D. Grant
A. Greenwood
M. A. Hargreaves
J. H. Harker
N. D. Hatton
B. Hedley
Yvonne M. Hodges
F. S. B. Hollinshead
J. D. Ireland
M. W. Jones
N. S. Jones
P. R. Jones
J. P. Kaspar
A. M. Kingon
R. H. E. S. Kirschen
Helle-Vibeke Knudsen
Rosalie Lamensdorf
J. C. Leach
I. Litchfield
Carol I. Mander
A. J. H. Markham
Judith Maw
S. Merali
E. Olsen
R. Omar
R. A. Parham
K. Parsons
R. Rajarayan
G. H. Rhimes
J. F. C. Schnetler
J. A. J. Serenyi
M. W. H. Shipway
Hanna I. Shapski
A. J. S. Smith
P. B. Smith
Belinda J. Springett
R. J. H. Steel
C. P. Stuart-Bennett
D. G. Sykes
M. P. Szasz
Regan Terry
P. Treasure
R. S. Vivian
J. T. Wade
Menna Wilkins
M. A. J. Wills

PAPERS BY GUY'S MEN

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CHANGES OF ADDRESS

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Mr. M. Gray, 52 Chantry Road, Bishop's Stortford, Herts.

A. S. Moore, Esq., L.D.S., R.C.S., 49 Crossfield Avenue, Cowes, Isle of Wight, PO31 8EL.

Dr. and Mrs. K. J. B. Sommi, Children's Hospital, Cheltenham, Glos.

BIRTHS

HOWELL—To Ann (née Teare) S.R.N., and Christopher Howell, L.D.S., R.C.S., a daughter, Joanna Caroline Margaret, on 12th August, 1972, in Victoria Ward, Guy's Hospital.

RISSIK—On 2nd February, 1972 in Johannesburg, to Judy (née Hawker) and Bernard, a son, Angus Hawker, brother for Jane.

PERSONAL

TIGHTS BY POST—Really good quality runresist in light or dark brown, tan, grey or black. Fit up to 42" hip. Sample pair 18p. 6 pairs £1.00, 12 pairs £1.90. Post free. Guaranteed. Write now to Ian Devine (Dept. G1) 35 Eton Avenue, London N.12.

DEATHS

JOHNSON—On 21st August, 1972, R. A. Johnson, L.R.C.P., M.R.C.S., L.D.S., R.C.S., at "Grainsby", South Ferriby, Lincs., dearly beloved husband of Dorothy (née Jenkins) and father of Sally, after a long illness courageously borne.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

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GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2197

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

"Medicine Man"

Guy's is one of nine leading British Hospitals taking part in a trial using Telex to speed up the selection of recipients for transplant surgery. The system works like this : when a kidney becomes available it must be implanted in a patient within a few hours. So the hospital with the "spare" kidney sends a telex message to the National Organ Matching and Distribution Service at Southmead, Bristol, relaying the dozens of important details which are needed to arrange a match. The Bristol centre keeps a computer file of patients in need of new organs. The telexed medical information about the donor is fed into the computer which immediately prints out the names and location of people whose medical "typing" matches that of the spare kidney. The transplant unit carrying out the operation is notified and all the technical specifications, such as tissue-type and blood group, are passed from the Bristol matching centre to the unit. Meanwhile Bristol informs the donor hospital of where to send the spare organ and of transport arrangements.

It is an intriguing system and if successful will represent a great advance not only for Guy's Hospital but also for the future of transplant surgery.

A Nigerian colleague explained to me that one great difficulty that London (Western) trained doctors meet when returning to their native towns to practise, is competition with the local witch doctors. It is disappointing, having spent at least six years here learning the most modern methods of clinical medicine, to return to an atmosphere in which Western ideas are greeted with either disdain or rank distrust. Apparently the witch doctors are trained either to make diagnoses or to design treatments, but seldom both. The Western

doctor who wishes to make a diagnosis, based on the scientific principles of clinical examination, and proceed to treat the same case, is regarded as somewhat of an oddity. Patients frequently present with a string of symptoms, ask for a diagnosis and then take their diagnosed disease to their local friendly witch doctor for his own special treatment. The therapies offered are generally herbal remedies based on years of empirical proof rather than scientific theories. Sometimes they work and sometimes they don't and of course we are quick to point out, when we hear the success stories, the important part played by applied psychology in the cures. People who believe they are getting better (or that they are dying) certainly tend to do so!

It must indeed be baffling—not to mention frustrating—to be met by patients who only want your diagnosis, and not the treatments you have spent six years acquiring familiarity with. Especially when you consider that at Guy's the training and the opportunities are amongst the most up-to-date there are. (Consider the telex/transplant scheme.) But in a way, in spite of the apparent total schism between Western doctors and doctors of primitive cultures, the practices and achievements of the two disciplines are remarkably similar.

Consider, for instance, the realms of psychiatry. Psychiatrists and witch doctors alike can apparently work "Magic" by merely telling a patient what is wrong with him. The patient thinks that someone else—usually someone of considerable status—understands. And since the problem can be understood then implicitly it can be cured. Whether the title ascribed is "Oedipus Complex" or "Possession by an Ancestral Spirit" the principle is the same—the patient believes that his doctor knows what is wrong—he is in good hands.

Some of our most impressive therapies are not as *avant garde* as we like to imagine. E.C.T., for instance, was introduced to Western clinics by Cerletti in the 1930's, but the technique of applying electric eels to the head of the patient is referred to in the writings of Aristotle, Pliny and Plutarch. We make use of conditioning techniques to cure bedwetting (the "buzzer"); in Western Nigeria a toad is tied by a string to the penis of a male child who is wetting his bed. When the child wets the toad croaks and the child wakes up —a direct analogy of our own electric bell method!

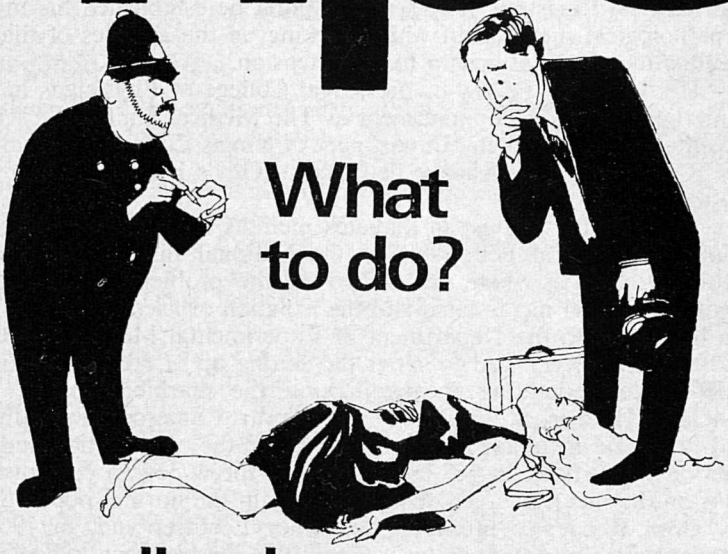
Our medicine is advancing with leaps and bounds—we are rightly proud of the achievements of our own hospital and all English hospitals. But we must not be too ethnocentric or arrogant about the new methods. Basically we are doing the same things with the same motives (and results) as are Medicine Men the world over.

GUY'S DIARY

OCTOBER

2	M.	1.00	Clinical Lecture. Prof. McCOLL. "Peptic Ulceration".
3	Tu.	1.00	Clinical Lecture. Dr. MAISEY. "Radioisotopes in Medicine". (In the Anatomical Theatre)

mps



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NEWS IN BRIEF

Professor Harry Keen, M.D., F.R.C.P.

The productive career of Prof. Harry Keen has been furthered by his appointment, in June this year, to the Chair of Human Metabolism within the Department of Medicine.

Educated at Ealing County Grammar School and trained at St. Mary's Hospital, from where he graduated M.B., B.S. in 1948, Prof. Keen held his early appointments at the West Middlesex Hospital in the St. Mary's Hospital group. After military service in Suez as a Captain in the R.A.M.C., he returned to St. Mary's to work first with Prof. George Pickering and later with Prof. W. S. Peart as Research Fellow and Medical Registrar. It was at this point he established his interest in pathological metabolism while working on the genetics of diabetes mellitus and its relationship to hypertension.

He became a Fellow of the Royal College of Physicians in 1956 while holding a joint appointment at The Medical Unit of St. Mary's Hospital and the Diabetic Department of King's College Hospital with Dr. R. D. Lawrence, whence he came to Guy's in 1960 to join Prof. Butterfield.

In 1960, his interest in diabetes mellitus led him to an International Postdoctoral Fellowship at the National Institutes of Health, Bethesda, U.S.A., where he worked on the problems of insulin antagonism, retinal metabolism and the isolation of islets of Langerhans. On his return to the Department of Experimental Medicine at Guy's in 1961, Prof. Keen had to suffer the setting up of laboratories in the old, vacated operating theatres, using the marble slabs as work benches. He worked jointly with Dr. Stewart Cameron on synalbumin and fatty acid metabolism in muscle and on the organisation and conduct of the Bedford survey in 1962, which threw new, if controversial, light on the incidence of diabetes mellitus in the normal population.

Prof. Keen was promoted to Senior Lecturer and, in 1966, to Reader with Consultant status. Since 1968, he has been a Consultant Physician at New Cross Hospital. The Unit of Human Metabolism was set up earlier this year with Dr. John Jarrett and Dr. John Fuller and is housed on the fourth floor of Hunt's House. Prof. Keen's main topics of interest at the moment are in glucose and lipid metabolism, diabetes mellitus and atherosclerosis, with epidemiological, clinical and laboratory studies in progress, and there is every hope that he will produce some fresh thinking concerning the incidence and presymptomatic detection of metabolic diseases.

Visual Arts In Medicine

There will be an exhibition entitled "The Visual Arts In Medicine" showing at the Royal Exchange from 21st September until 4th October.

The exhibition includes many well-known photographs and illustrations by Guy's men and is being organised by the Royal Photographic Society, the Medical Art Association of Great Britain and the Institute of Medical and Biological Illustration. Admission is free.

Differential

Contrary to popular opinion the B.M.S.A. does not just provide medical students with a diary every year. For recently, they negotiated with the Department of Health and Social Security to increase the honorarium of final year students working as locums in hospitals. Previously the amount was fixed at £12 per week, but now (backdated to 1st July, 1972) students will receive the weekly equivalent of 50 per cent of the minimum point of the scale for House Officers, amounting to £16.77. Thus as the income of House Officers increases, so the honorarium increases proportionally.

NOTICES

Orthodontic Congress

The Third International Orthodontic Congress will be held in London from 13th-18th August, 1973 under the Patronage of Her Majesty the Queen. The Congress will be under the Presidency of Professor W. J. Tulley and will incorporate the 49th Meeting of the European Orthodontic Society.

The venue of the Congress will be the South Bank Arts Centre, including the Festival Hall, Queen Elizabeth Hall, Purcell Room, Hayward Gallery and National Film Theatre.

It is over 42 years since an International gathering of Orthodontists was held and this was also in London under the Presidency of Mr. J. H. Badcock, who was a Guy's man. The First International Meeting was held in New York in 1926.

3,500 delegates are expected from more than 60 countries. In addition to a varied Scientific Programme there will be a Trade Exhibition and a full programme of social events, with Receptions in various interesting places in London, including one at Guy's Hospital by kind permission of the Governors.

It is hoped that many past and present Guy's men will attend this Meeting and Preliminary Programmes and Registration forms are now available and can be obtained from the Conference Organisers—

Conference Services Ltd.,
43 Charles Street,
Mayfair,
London W1X 7PB.

GUY'S HOSPITAL DENTAL SOCIETY ANNUAL BALL

SATURDAY, 4th NOVEMBER,

At the Grosvenor House Hotel.

Double Tickets, £7.50, from Sue Smart and Huw Thomas, East Wing or Dental School.

OBITUARY

Sir Rowan Boland, C.B.E., F.R.C.P., M.D., D.P.H.

Edward Rowan Boland came to Guy's in 1915 after attending Stonyhurst and Wimbledon College and apart from active service in both World Wars worked at Guy's continuously until his death, as Sir Rowan Boland, former Dean of the Medical and Dental Schools and a Governor of the Hospital and the School, in August 1972.

His record and achievements were remarkable. He left Guy's in 1916 to join the London Rifle Brigade, fought in the trenches, was wounded and invalided home, having lost his left eye and subsequently requiring many operations on his left leg for osteomyelitis. He became a medical student again, qualified in 1921, did his house jobs, took his Membership in 1925 and went on to develop a deep interest in chest disease. His career was interrupted by long spells in hospital with two serious illnesses, pulmonary tuberculosis and acute nephritis, but nevertheless he was appointed Assistant Physician to Guy's in 1934, having started the Preliminary Clinical Class a year or two earlier. When the second World War broke out he was commissioned as a Lieutenant Colonel in the R.A.M.C. in 1940 and rapidly rose to become a Brigadier living, as the campaign moved forward, in tents in North Africa and palaces in Italy, always working closely alongside Perrin Long, his American counterpart from the Johns Hopkins in Baltimore, who taught Bo to smoke a corncob pipe! Their friendship led in due course to the Guy's-Hopkins exchange, from which both institutions continue to derive great benefit. It was characteristic of his disregard for his physical disabilities that in the 2nd War he contrived to be placed in medical category A1, fit for active service, while still entitled to a 100 per cent disability pension from the 1st War.

The war over, Bo returned to Guy's to become Dean of the Medical and Dental Schools and later, Dean of the Faculty of Medicine and a Senator of the University of London. A nearly mortal injury from a tractor on his farm in 1955 left him with a permanently damaged right leg, but he continued undaunted, became Senior Censor of the Royal College of Physicians (his speech when Sir Charles Dodds pipped him for the Presidency is a legend there) and worked on until his retirement in 1965. He was awarded the O.B.E. in 1941, and a C.B.E. in 1945, and was knighted in 1964. He served on the General Medical Council until shortly before his death, and died "in harness" as a Governor of Guy's Hospital and Consultant Physician to the Army.

Bo was a shy and private person who gave at first an erroneous impression of austerity and aloofness. To many in their fifties and sixties he was the Commanding Officer, erect, impeccably turned out, distinguished, attentive, but very firm. To others, students qualifying in Medical Schools in London and further afield, he was the examiner with the opaque black monocle (which sometimes fell out), asking deceptively simple questions about fundamental things. As a teacher,

Bo stood by the bedside and he stood for the tried and true. He believed medicine should reflect accuracy and humanity. To those privileged to know him well he was a generous, intensely loyal friend with a sharp but delicious wit and a great fund of humour.

Above all he was a man of purpose, who always had the courage of his convictions. Not, as some erroneously concluded, that his convictions were rigid or that his opinions were reactionary; but he did not change them until the case for change had been established to his satisfaction. First, a glimpse of his courage. After the tractor accident, which resulted in an appalling compound fracture, he walked with a

slight, but gallant, limp. No one thought much of it. But with the Medical Pilgrims in Russia one still, dry September night Bo walked across Moscow with the rest of the party to the hotel, 8-10 kilometres perhaps. In the hotel bedroom he brushed aside the consternation and concern caused by the sight of his swollen, erythematous and ugly ankle. Why had he not complained, or taken the famous Moscow underground or hailed one of the rare Moscow taxis? All he would say, with typical sangfroid, was "It will be less swollen and angry in the morning". Similarly in his final illness, of whose nature and inevitable outcome he was fully aware, he refused to the last to admit to his doctors that he had any symptoms at all. Bo didn't complain. His convictions were not immutable. There was cold comfort for anyone who went to him with a half-baked proposition or a wishy-washy suggestion or a selfish request. Put it in writing. If the case were wanting, the letter setting it all out was, quite simply, handed back—it wasn't fit for a place in Bo's minute office or overcrowded filing system and it wasn't worthy of his secretary's time in typing a letter of explanation and refusal. You'd better think of something better and come back later. But if you knew you were right and had the courage of your convictions and could match Bo cut for cut, thrust for thrust, he paused and without hesitation or rancour took your argument "on board" and acted on it. Each of us who had a cause and fought it out with Bo knows that this was true of him.

Bo rather enjoyed his reputation as a stern person: it sharpened the impact of his courtesy, his kindness and his wit. His courtesy was an object lesson; whether he was with an elderly Borough patient, a sick colleague or a doctor's widow, his innate reaction was always humanitarian. His staff adored him and worked untiringly for what he wanted and what he stood for; it was interesting to see him driving his Buick into the front quadrangle just before Christmas with the back seat covered with gifts for them—generous and all carefully chosen. His wit? Just one example, from long ago, when he used to banter over lunch with Slesinger and Lord Cunliffe, Grant Massie and Geoffrey Haslewood, who was fresh from the Postgraduate Medical School and full of impish radicalism in those days. It was a strong brew of medicine, science, education, planning, ancedotes and politics, always bubbling. After one quite outrageously radical wisecrack Haslewood turned to Bo and, changing the subject, said he had been invited to lecture in Australia. Would the Medical School be willing to pay his fare? "Yes", said Bo, slowly and emphatically, "if it's a one-way ticket". The table dissolved. It may be added that the offer was subsequently withdrawn.

Bo had come through so much and his mental and physical resilience were so great that we had come to look on him as indestructible and the shock of realising that he has gone is all the greater. He went quietly without fuss, spending his last weeks in the home in Kent which he loved so much, alone with his wife Barbara, which is as he wished it to be. We shall do well if we try to emulate his courage and quiet determination.

W.J.H.B. & J.C.H.

Sensodyne introduces the Sensodyne Softex toothbrush for complete hypersensitivity treatment.

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Sensodyne tooth-paste is specially made for the adjunctive treatment of hypersensitivity. It contains strontium chloride, a unique therapeutic agent with a cumulative de-sensitising action. The more your patient brushes with Sensodyne, the less it hurts, so the habit of regular brushing is quickly regained.

The Sensodyne Softex tooth-brush and Sensodyne tooth-paste used together give the complete treatment for sensitivity sufferers.

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OBITUARY

D. W. Lloyd

Bill Lloyd, Guy's 1921-26, died in July this year.

He was in practice at Abercenfyg, Glamorgan. Served with R.A.M.C. during the War (1939-1945), and was awarded the M.C. at Dunkirk for getting his Field Ambulance out from a very awkward situation, with very few casualties. Later his Field Ambulance landed in North Africa, and went on to Sicily and Italy.

After the War, he practised in Llandeilo, Carmarthen, retired about 1960, and took on Medical Board duties.

H.L.P.

GUY'S HOSPITAL DENTAL SOCIETY

A NEW FEATURE

With the new academic year comes a change in the Guy's Hospital Dental Society—the work of the Society and its Management Committee (elected in July) will now be given a regular "airing" (or hearing?) in the pages of this *Gazette*. Through this we hope that the cobwebs of apathy will be dispersed and that both students and staff of the Dental School will take an active interest in the Society.

The 1972/73 Management Committee consists of :—

Mr. J. W. Mansie, President; Mr. D. Gibb, Professor M. Naylor, Professor D. Neill, Professor A. Rowe, Professor T. Lehner, Dr. G. Osborne, Dr. W. Bimmie, Mr. Usiskin, Mr. R. Paterson, Vice-Presidents; Miss M. Hooley, Secretary; M. Morris, Assistant Secretary; S. Milner, Treasurer; Miss S. Smart, Ball Secretary; H. Thomas, Assistant Ball Secretary; Miss G. O'Connor, Dinner Secretary; Miss F. Marsh, Assistant Dinner Secretary; K. Moseley, 4th Year Rep.; M. Portelly, 3rd Year Clinical Rep.; L. Pigot, 2nd Year Clinical Rep.

This committee meets once per month throughout the year, planning the regular lectures, dealing with problems arising with students (e.g. curriculum equipment, course requirements, teaching methods, etc.), selecting representatives for B.D.S.A. and I.A.D.S. Conferences and also planning the Annual Dental Ball and Dinner.

Please take note of the following dates for coming events :—

Tuesday, 10th October, 5.30 p.m., Dental Lecture Theatre, for the PRESIDENTIAL ADDRESS. "A Difficult Case," by Mr. J. W. Mansie.

Tuesday, 24th October, 5.30 p.m., Dental Lecture Theatre, for the STUDENT COMMUNICATIONS. "The 1972 Exchange Visit to America", "The 1972 I.A.D.S. Congress."

Saturday, 4th November, Grosvenor House, Park Lane, for the DENTAL SOCIETY BALL. £7.50 per Double Ticket.

Further details of this year's programme of lectures will be given in the next edition of the *Gazette*, and also reports from the recent I.A.D.S. and B.D.S.A. Congresses. Remember to collect your copy of the new I.A.D.S. Newsletter (now published by Quintessence International) from the Dental School entrance.

Please send any reaction, non-reaction or queries to the Dental Society Secretary, M. Hooley; the Dental Society is yours and may be of use to you . . .

A Completely New Guide for your Studies

MULTIPLE CHOICE QUESTIONS IN ANATOMY

The author is a Professor of Anatomy who teaches human anatomy to undergraduates and postgraduates and has been an Examiner for the 2nd MB, 2nd BDS and Primary Fellowship Examinations.

With the increasing use of examination by Multiple Choice Questions in both undergraduate and postgraduate medical education, this new book provides an excellent preparation for the student and makes the work of revision a less arduous and more interesting task. Since anatomy has traditionally been taught on a question and answer basis, it will also prepare him for the viva voce examination.

The Introduction contains an explanation of the various types of MCQ used in examinations, the system of marking and the length of time allowed for answering the questions. The questions are then presented in seven sections, each containing 50 questions. Four different types of question can be found in each section, so that a student can give himself a comprehensive test by taking one section at a time. This book will prove itself of particular interest to undergraduates, both dental and medical in revising for their 2nd MB, 2nd BDS, Primary FRCS and Primary FDS Examinations.

118 pp 14 illus. paperback 85p.

A New Edition in the CMT Series

PATHOLOGY

J. R. TIGHE, M.D., B.S.C., F.R.C.P.E., M.R.C.P., M.R.C.PATH., Surgical Pathologist, St. Thomas's Hospital and Medical School, London.

This book is one of the *Concise Medical Textbook series* providing a concise introduction to pathology and presenting a compact but readable account of the subject for more senior students especially those preparing for examinations. For this third edition the general format of the book has been preserved but extensive revision has been undertaken and much of the book has been rewritten. Every chapter has had new material added and there are new chapters on allergy, autoimmunity and collagen diseases, gene and chromosome pathology, and the central nervous system. An additional chapter deals with those skin diseases of importance to the student in his pathology course. Other important subjects which have been extensively revised include inflammation, classification of neoplasms, atheroma, viral hepatitis, cirrhosis, glomerulonephritis and endocrine diseases. Every effort has been made to keep the book of such a size that it may be carried in the pocket to provide a ready source of reference.

3rd edition 319 pp paperback £1.75

BAILLIÈRE TINDALL

7/8 Henrietta Street, London WC2E 8QE

Early Warning Tests?

The interest of the National Press has been stimulated recently by the development of a method of early detection of cancer by a research group in Newcastle-upon-Tyne. The process is based on the detection of white blood cells sensitised to tumour antigens some 10 years before the tumour causes symptoms. This would arouse anxiety without locating the site of the neoplasm, but it is hoped it will form the basis of a rational method of treating systemic malignancy.

Obstetric Library

The library in the Department of Obstetrics and Gynaecology on the 2nd Floor of New Guy's House has recently been equipped with new bookcases and the latest editions of all the standard texts. It is hoped that undergraduate as well as postgraduate members of the hospital will use the library, the usual plea being made for books borrowed to be signed for so that nobody is inconvenienced by unnecessary loss.

The following journals and books are still unaccounted for. Could anyone finding themselves with such a copy please return it as soon as possible (no questions asked!) to the Secretary, Miss Sue Newton.

American Journal of Obstetrics and Gynaecology
Unbound volumes 107 No. 2
108 Nos. 7 and 8
110 No. 3
112 No. 4

Obstetrical and Gynaecological Survey
Bound volume No. 1
Unbound volumes 26 No. 4
27 No. 1

Obstetrics and Gynaecology
Unbound volumes 37 Nos. 4 and 6
39 No. 4

Journal of Obstetrics and Gynaecology of the British Commonwealth
Bound volume 1946 Volume 53
Unbound volumes 78 Nos. 11 and 12
79 No. 6

Clinical Obstetrics and Gynaecology
Volume 11 No. 4
13 No. 1

Year Book of Obstetrics and Gynaecology
61—62
64—65
65—66
66—67
1971
"Vesico-Vaginal Fistula" by J. Chassar-Moir.
"The Fallopian Tube" by J. Donald Woodruss and Carl Pauerstein.
"Kiellands Forceps" by E. Parry Jones.

The Oral Surgery of Appearance

David M. Macdonald

This week we present the second and final part of this article.

In the early days of the art and science of surgery, the concern of the surgeon was mainly with the effects of injuries, amputations and tumour growth. The study of basic sciences in anatomy; physiology and pathology, however, soon brought many advancements but it was not until there was a change of thought from the technique to the patient, from the mechanical to the biological, from the art to the science, that real progress took place.

Dentistry must have been a crude art among the earliest civilisation. The make-up of the human anatomy and physiology make it a fair conclusion that diseases of the teeth and contiguous parts had their origin with the beginning of the human race and that relief must always have been sought from pain resulting from disease. Operations on the jaws must have been amongst the earliest of all surgical procedures for the aching tooth is easily diagnosed and readily accessible.

The great advances in oral surgery came when the First World War engulfed us. This was due, of course, to the greatly increased numbers of specialists dealing with vast numbers of cases and also the many scientific discoveries which were coming to the aid of the surgeon. The most important of these were in anaesthesia, radiology and pathology with the inevitable improvements in diagnostic and therapeutic techniques. These advancements really made oral surgery possible as division of interests and responsibilities became the logical outcome and so yet another field of specialisation was ushered in with an inevitable broadening of thought and outlook and the assumption by the oral surgeon for full responsibility in the better clinical care of the patient under his supervision.

The Surgery of Mandibular Deformity

The face is the means by which each of us is identified and the features, which are of particular interest to the oral surgeon, are the lips, teeth and jaws and it is important in facial harmony that they do not attract more than the wanted degree of attention. They must be pleasingly proportioned in their relationship to each other as near symmetrical as normal and proportionately balanced to satisfy aesthetic demands. The primary objective of surgical intervention is to produce a result which is pleasing not only to ourselves as surgeons but also to our patients, their families and their friends. It has been said that beauty is in the eye of the beholder and the realms of

aesthetics are certainly contentious and controversial but the word "pleasing", as applied to appearance, has a universal interpretation and connotation and produces a ready response within us.

Although aesthetic and psychological standards are subjective and obviously unrealistic, one must be very aware of the effects to the morale and of the psychological and functional disturbances which may arise when disharmony in facial appearance is associated with mal-occlusion. Men and women have an inborn consciousness of the interdependence of mind and body although it must be remembered that the standards of the male, where the thrusting lower jaw might be associated with a dominant personality, may be quite different from those of the female in whom such a feature would prove to be an undesirable quality. Generally, the reaction of the patient to their disfigurement is of a non-psychotic nature but when they become or are made aware of their abnormal features and find they cannot be hidden, their personalities may become disturbed and damaged with feelings of frustration, an inferiority complex and perhaps asocial behaviour, with the possibility of more serious mental disorders developing.

From a physiological point of view, functional difficulties become an important factor as the patient often has great difficulty in masticating food efficiently. If the posterior teeth are retained, mastication is usually adequate but mandibular protrusion, associated with loss of these teeth, renders the patient almost functionless as far as mastication is concerned and thus imposes a great social handicap. In the edentulous patient, surgical correction of the deformity becomes almost mandatory as it is quite impossible to provide the patient with functioning, stable dentures if there is marked mal-relationship of the upper and lower jaws.

Having now dealt with the aesthetic, psychological and physiological considerations in some detail the role of the oral surgeon becomes clearer and surely we must pay attention to the search of the patient for happiness and peace of mind at least as much as considerations of physical comfort or convenience which lead them to seek our aid in the field of oral surgery.

It is not within the scope of this monograph to consider in detail the variations which may occur in the morphology of the mandible but these can be divided into the following broad catgories :

1. Bilateral and unilateral protrusion.
2. Bilateral and unilateral retrusion.
3. Open bite deformity.

Mandibular Protrusion

The surgical correction of mandibular deformities was first attempted more than a century ago but it is only in the last 60 years that rapid advances have been made in the evolution of surgical intervention. Basically, the operations have resolved themselves into :

1. Bilateral Subcondylar Osteotomy (Fig. 1). This operation may be carried out by a blind or direct vision approach and involves sectioning the mandible, low and obliquely, through the condylar neck into the mandibular notch. The section is done by the use of a

saw, burs or osteotome. Later modifications and refinements of this operation have combined osteotomy of a rectangular block of bone from the mandibular notch (Fig. 1).

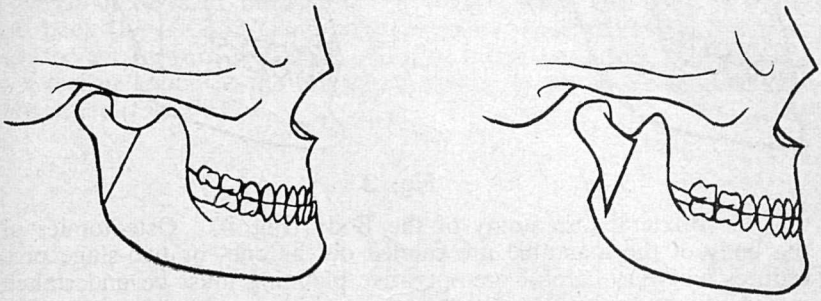


Fig. 1

2. Bilateral Osteotomy of the Ramus (Fig. 2). Sliding osteotomy of the ascending ramus may be horizontal, vertical or oblique. The first operation was a horizontal section by Blair in 1907, but it is to Kostecka who, in 1931, performed a submucosal osteotomy by a blind approach and the use of a Gigli saw that the name of the horizontal section has become associated. Recent years have, however, brought many modifications of approach and technique.

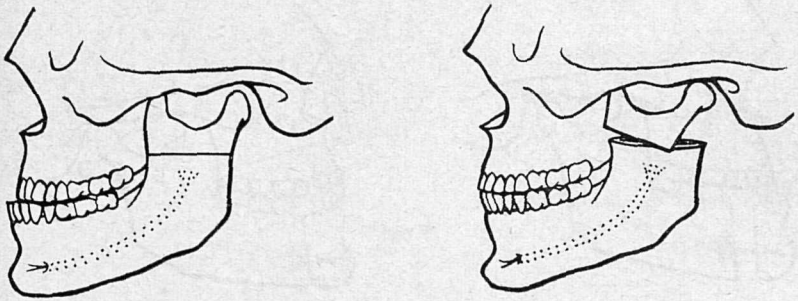


Fig. 2

In the operation of vertical osteotomy (Fig. 3) the bone sectioning extends from the mandibular notch, posterior to the inferior dental foramen, to the lower border of the mandible in front of the gonial angle. The oblique osteotomy preserves the gonial angle. Further variations of techniques have been the combination of horizontal and vertical approaches.

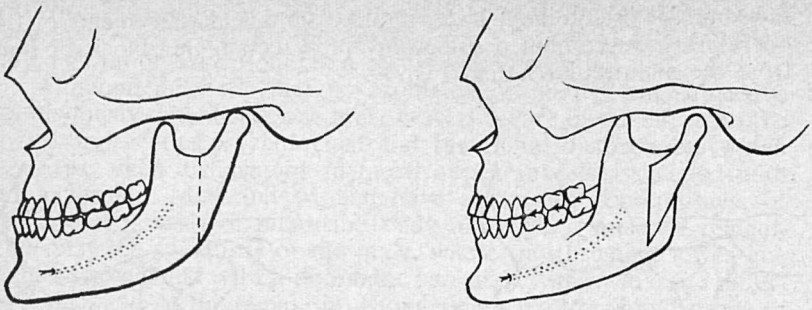


Fig. 3

3. Bilateral Osteotomy of the Body (Fig. 4). Osteotomies of the body of the mandible are carried out as one- or two-stage procedures and very careful pre-operative planning must be undertaken in order to determine the correct amount of bone to be removed. The area chosen for the resection is usually in the premolar or molar, regions, in front of the elevator muscles of the mandible. In the one-stage operation the area to be resected is approached by the intra-oral or extra-oral method and thus, in the former, there is an inevitable communication with the mouth but with careful preparation of the mouth and the use of antibiotics there is no great danger of infection. In the two-stage procedure the teeth in the area of resection are extracted some weeks previously to allow healing of the mouth tissues. At the second-stage the required section of the mandibular body is removed, the inferior dental vessels and nerve are preserved and the mandibular fragments are wired in opposition and inter-maxillary fixation applied.

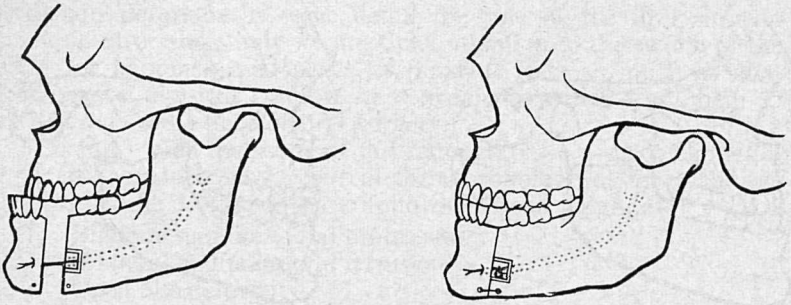


Fig. 4

4. Bilateral Sagittal Osteotomy of the Ramus (Fig. 5). In 1955 and 1957, Trauner and Obwegeser described the operation of splitting the ascending ramus sagittally between the outer and inner cortical plates. This is done from an intra-oral approach in the retromolar region. The muco-periosteum is raised from both surfaces of the ramus, the inner cortical plate is cut horizontally between the lingula and the sigmoid notch and the outer cortical plate is cut vertically from the alveolar crest to the lower border of the mandible

in the molar region. These cuts are now joined along the anterior border of the ramus which is then split sagittally by means of an osteotome. The fragments are then fixed by wiring an inter-maxillary fixation in the desired occlusion (Fig. 5, A to C).

This operation has several advantages in that it may be performed in cases of mandibular protrusion when the body is to be set back (Fig. 5C) in mandibular retrusion when the lower fragment can be set forward (Fig. 5D) and also in the open bite deformity of the incisor region as the procedure allows tilting of one fragment on the other (Fig. 5E).

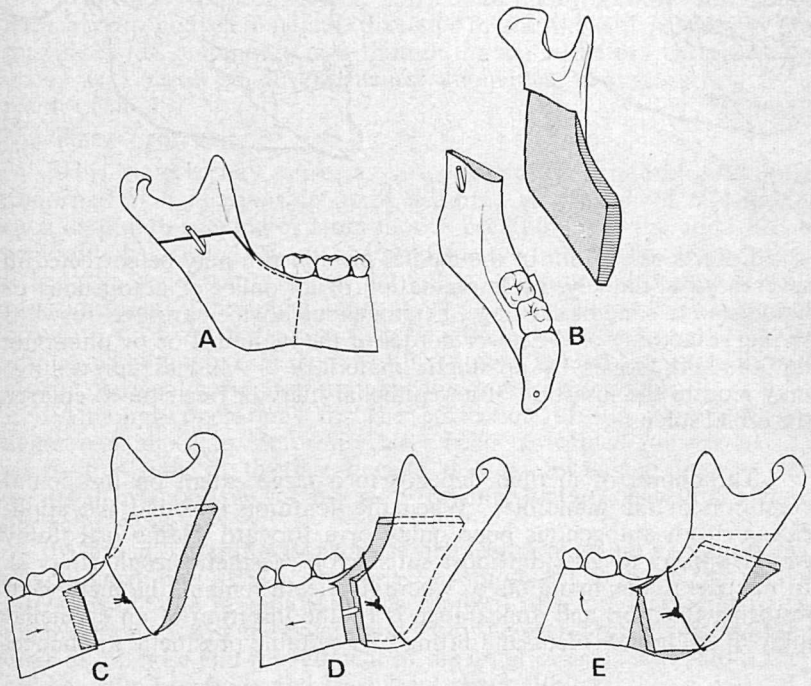


Fig. 5

Mandibular Retrusion

Failure of development of the first manibular arch or as a result of condylar destruction during the growth period, lead to a lack of prominence of the chin from a slight degree to a gross "bird-face" deformity. When the mandibular defect is associated with a lack of soft tissue, the deformity becomes extremely difficult to reconstruct and necessitates the insertion of skin and soft tissue in association with bone lengthening.

Correction of mandibular retrusion without soft tissue loss is

more easily treated by bilateral sagittal osteotomy of the ascending ramus or vertical or L-shaped section of the body in association with bone grafting (Fig. 6).

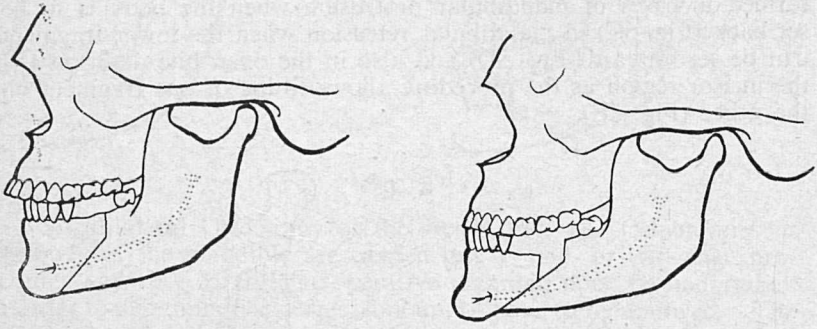


Fig. 6

Defects of contour of the mental prominence may be corrected in several ways, namely, by implantation of an onlay of autogenous or homogenous bone or cartilage, heterogenous bovine cartilage, forward sliding osteotomy of the lower border of the mandible or by plumping out the soft tissues by prosthetic materials. All these procedures may require the insertion of an epithelial inlay of free skin to enlarge the labial sulcus.

The choice of method depends to a large extent on the dental condition of the mandible. When the dentition is sound the application of an autogenous bone onlay or a forward sliding osteotomy would appear to give the most satisfactory aesthetic result (Fig. 7). In the edentulous mandible or where few teeth remain, the method of restoring function and appearance is by the insertion of an epithelial inlay in the labial sulcus and fitting of a suitable prosthetic appliance.

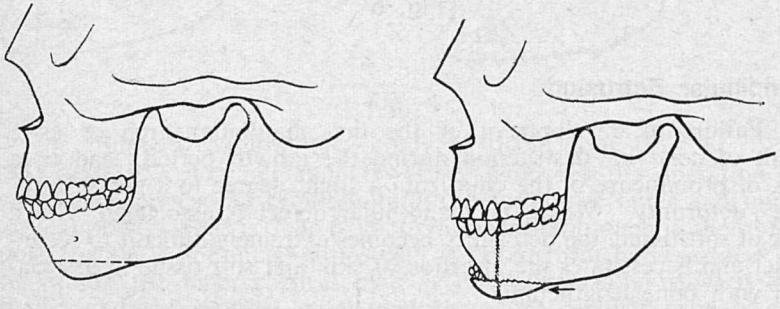


Fig. 7

Open Bite Deformity

The anterior open bite deformity is frequently associated with mandibular protrusion and, if correction by orthodontic means is not possible, surgical intervention becomes necessary. Correction by sliding osteotomy of the ascending rami is unsatisfactory as the muscular imbalance created, mainly in the pull of the elevator muscles of the mandible will tend to cause relapse of the deformity. The operations for correction are the sagittal osteotomy of the ramus or osteotomy of the body or at the angle of the jaw.

The Surgery of Maxillary Deformity

Wih the exception of the congenital malformations associated with harelip and cleft palate, diversity of the skeletal pattern in the maxilla is less commonly seen than in the mandible but variations do occur as a result of developmental anomalies, in disease and as a result of injury.

Maxillary Protrusion

This defect may arise as a congenitally or developmentally abnormal arch relationship or be acquired as a result of bad habits such as thumb sucking or from mouth breathing. In the child it can generally be treated by orthodontic means but in the young adult it becomes a deformity which may produce a marked degree of self-consciousness. The upper lip is shortened, the incisor teeth exposed, prone to rampant caries, perhaps lengthened and loosened with an associated gingivitis and the lower lip trapped behind the upper incisor teeth. Surgical correction may become almost mandatory.

Although operations for the correction of the more extreme degrees of maxillary deformity have been performed for the last 25 years it is only in the last decade that an awakened interest has occurred in maxillary surgery with the introduction of new and more heroic procedures.

When maxillary incisor and canine teeth are sound and aesthetically aligned but in the protrusive position, the one- or two-stage esteotomy of the maxilla with the removal of a pre-determined segment of bone across the palate and from the premolar regions into the floor of the nose and realignment of the anterior segment, gives a very aesthetically satisfying and functional result (Fig. 8).

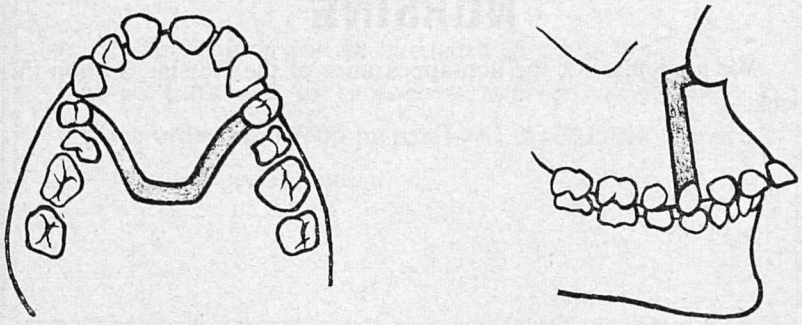


Fig. 8

Not infrequently, the maxillary incisor teeth in protrusive malocclusion are elongated, spaced, prone to caries and badly aligned in poor supporting tissues and so it may be considered desirable to sacrifice them with subsequent alveolectomy or alveoloplasty and fitting of a suitable prothesis.

Maxillary Retrusion

Retrusion of the upper jaw may arise as a skeletal anomaly, as a result of disease or may follow mal-union of a fracture of the alveolar process. Minor degrees of the mal-relationship can generally by treated by conventional orthodontic means over a long period but the results tend to be disappointing. More severe forms of the deformity, however, require surgical intervention for its correction. Maxillary osteotomy and bone grafting operations have been performed with varying degrees of success. Bilateral sliding osteotomy of the ascending ramus of the mandible will restore the normal relationship of the upper and lower jaws but this procedure has not gained complete acceptance as a proportionate balance of the features is not obtained sufficiently to satisfy aesthetic demands.

Whichever method is chosen to improve facial aesthetics, restore function and structure and perhaps remove the psychological overlay of a disturbed personality, great satisfaction will follow corrective surgical intervention as we are dealing with enthusiastic, co-operative and grateful patients.

NURSING

We apologise for the non-appearance of the Nursing Section this week.

GUY'S HOSPITAL GAZETTE

CENTENARY EDITION

Guy's Hospital *Gazette*, the oldest Hospital Journal of its kind, is soon to celebrate its centenary which will be commemorated by a special bound edition, the publication date of which is now the 4th of November.

The Editors will be pleased to receive letters, articles or other contributions of historical nature relating to Medicine, Dentistry or life in Guy's Hospital.

This edition will be circulated in the normal way, at no extra cost to subscribers; non-subscribers may place orders now (50p prepaid)—to the *Gazette* Offices —for this special edition.

BOOK REVIEWS

MULTIPLE CHOICE QUESTIONS IN ANATOMY.

Baillière-Tindall. 118 pp. 1st Edition. 85p.

Multiple choice questions are not yet used in 2nd M.B. Anatomy, although it seems probable that this technique of examining will be introduced in the near future. It is already used in 2nd M.B. Physiology, 2nd B.D.S., various parts of Finals and in Primary Fellowship. It is not really the intention of this review to discuss the merits of multiple choice questions but given the fact that they are being used it is essential for the student to be practised in this form of examination.

The book contains 350 questions set out in four different ways. The answers are listed at the back of the book. The exact way in which each of these different types of questions has to be answered is clearly explained in the excellent introducton, which must be read before the book can be properly used. The format of some of the questions is difficult to understand and perhaps tests something other than a knowledge of anatomy from the unwary student. This applies particularly to the last type quoted in the introduction. However, if this type of question is to be used then it is important for the student to be familiar with it. Thankfully, the emphasis in the book is given to the more straightforward type of qestion.

The range of questions is good and for the most part tests anatomy that one would expect a 2nd M.B. student to know. Dental students will be able to use the book simply by leaving out those questions not concerned with the dental syllabus.

A good student should aim to get over 60 per cent correct within the time limit set out in the introduction. This book is therefore not only a good way of practising multiple choice technique but also an excellent test of one's knowledge of anatomy. For these two reasons undergraduate and postgraduate students should buy this inexpensive book.

M.C.E.H.

QUESTIONS AND ANSWERS IN HUMAN PHYSIOLOGY,

O. C. J. Lippold. J. and A. Churchill. £1.50.

A book of questions and answers is never an easy way of reaching a further understanding of a subject and in this respect alone the book falls short of its stated objective. A common pitfall when writing such questions is to examine what turns out to be entirely a feat of memory with no educational value whatsoever. This book contains many such examples and a future volume would do well to replace them with an enlarged section of explanatory answers to the more relevant and applied questions. It is unlikely that many pre-clinical students of this hospital would consider it 150p well spent.

N.R.

Editor's Note :—An advertisement for "Multiple Choice Questions in Anatomy" appears on page 473.

CORRESPONDENCE

Absolute Zero

SIR,—In your edition of 26th August, I wondered about the apparent lack of hospitality shown to students visiting Guy's from abroad. I have now found out the reason, and would like to pass the explanation on.

The Medical School used to arrange accommodation for visiting students, but this was so often rejected by the students, leaving the School Authorities with a bill for at least a week's rent, that the practice has been discontinued. Thus our visitors have only their predecessors to blame for the coolness of their reception.

Yours sincerely,

MARTIN ST. G. WHEELEY

East Wing,
Guy's Hospital,
London SE1 9RT.

Modesty Blues

SIR,—I would like to point out that my success in the Universities Championships reflected no credit on my boxing ability as I won the title after several mishaps to my scheduled opponents.

However, the Championships did reflect the greatest credit on our club trainer, Charlie Pocknell, who turned out well prepared contestants, which included Michael Beaney, a Bart's student who trains with the Guy's club, and who beat two first class opponents to win the middleweight title.

Whilst rather embarrassed by the recent letters it has renewed interest in the Guy's Boxing Club. We train on Tuesday and Friday evenings in the Pavy Gymnasium. There is no pressure to put on gloves, indeed the majority of our members consider boxing training merely as a very efficient way of keeping fit. The Boxing Club is still very much alive and kicking and would welcome anyone at all, staff or student who would bolster our flagging numbers and maintain our noble traditions.

Yours sincerely,

PETER MURDOCH

East Wing,
Guy's Hospital.

Nameless

SIR,—When my ticket for the Biennial Dinner arrived I found enclosed with it a rather nasty little label with my name printed on it and an unsigned message saying that I "was asked to wear it at the dinner". By whom, I wonder, and why?

I first went to Guy's in 1924 and not once, since then, have I had any difficulty in recognising my friends, nor have they had any difficulty in recognising me. The Biennial Dinner is a reunion of old friends, not a conference of strangers.

I shall attend the dinner, as is my custom, unlabelled.

Yours truly,

SAM WHEELER

Hyde Beeches,
Hyde, Wareham,
Dorset.

Apathetic Society

SIR,—Who cares?

Yours faithfully,

W. M. SHEERAN, L.D.S., R.C.S.(Eng.)

262 Portland Road,
London, S.E.25.

SPORT

RUGBY

Guy's 21, Bromley 3

H.O.P., 9th September.

The Hospital began very badly, gaining little useful possession from the rucks and tight. As the game progressed they managed to control the ball to better effect, but Bromley were allowed a lot of leeway. It was good tackling by Portelly and some fine clearing kicks by Cook and Phillips which prevented Bromley scoring likely tries.

Guy's scored first when Danford kicked a fairly simple penalty. Bromley gained a penalty goal soon after although both sides missed with several more kickable penalties. Guy's added to their score in the first half when Cook dropped a neat goal after a heel from a scrum close to the Bromley line. Danford succeeded with one more penalty kick before half-time.

The second half from Guy's viewpoint was more enterprising. Although deprived of back row forward Rigg by an injury early in the game the Guy's forwards played with increasing confidence as the game progressed. Having begun to achieve clean possession the Guy's backs were given a larger rôle and always seemed well capable of out-running their opponents. Campbell made some good half breaks and there was some effective running from both wings.

Guy's first try was scored by Stuart, who was pushed over the line by the remaining forwards after some impressive passing by the Guy's pack. Danford converted this try.

The score should have been higher, because in the last 20 minutes the Bromley players rarely achieved possession, and although Guy's created the overlap several times some slow passing lost the advantage.

A second try, long overdue, was scored by MacLoughlan, who neatly stepped inside the full-back to place the ball beneath the posts. Danford had little trouble with the conversion.

Team : M. Danford, R. Yetton, A. Campbell, C. MacLoughlan, A. Portelly, A. Cook, M. Phillips, G. Evans, T. Gibson, T. Want, D. Stuart, H. Munro, H. Holliday, R. Massey, K. Rigg.

CRICKET

REVIEW OF THE SEASON

Twenty-six matches were played in the 1972 season compared with 30 in the previous season. Ten games were won and nine lost, which is an admirable effort considering the strength of the fixture list.

Unfortunately the Cup run came to a premature close with a heavy defeat by the London Hospital in the first game. Guy's were bowled out for only 49 which London easily managed to knock off. One feels that for a number of years Guy's have not performed in the Cup nearly as well as they are capable of doing.

A number of matches went to exciting finishes: H.A.C. were beaten by three runs, Middlesex Hospital by one run, and at Worthing both teams ended with the same score at 161 for eight.

Probably the best win of the season came against Nomads. Nomads scored 225 against a weak Guy's attack, but Guy's scored the runs for the loss of four wickets. This was mainly due to a fine innings of 119 by Langdon.

Throughout the season, Langdon was the mainstay of the batting, as well as being an excellent captain. He scored two hundreds in two innings which, with a century for Mr. Glover's President's XI, made three in a row. He should have made it four against Park Ealing, but hit an easy full toss straight back to the bowler when on 99.

He received able support from a number of batsmen, none quite so consistent as himself. Evans, although looking a class batsman, did not really

fulfil his promise. He consistently got into doube figures and twenties but only obtained one score above 50. Fitton finished up second in the tables, averaging 26. He scored the only other hundred by a Guy's player and also hit a fast 67 not out in the last game of the season. Rees also ended the season with an average of 26, only failing to reach double figures twice. Winter and Wright were the other main batsmen. Winter formed a good opening partner to Langdon in the second half of the season. Wright proved a very useful all-rounder, having to do a fair amount of medium pace bowling. He also showed himself to be a fine cover fieldsman.

Guy's felt the lack of a good fast bowler who would play consistently through the season. Mills was brought in for eight matches. McLaughlin bowled well, taking 19 wickets in the season. The most successful bowler was Kay, who took 42 wickets with his leg spin. The rest of the spin bowling was shared between Jones and Ryan. Jones performed the best bowling feat with seven wickets at Cuckfield in the last game of the season: this equalled Kay's seven for 36 earlier in the season.

The fielding throughout the season was variable. Langdon's hands proved to be very safe as usual and he took 13 catches. Evans behind the wicket obtained nine stumpings and seven catches.

Thus, Guy's had a fairly successful season, led by the fine form of Langdon. The freshers McLaughlin, Wright, Taylor, Kay and Jones all looked very useful performers; and we look forward to their further improvement next season, perhaps helping Guy's to a more successful Cup run.

AVERAGES

BATTING

	Inns.	N.O.	Runs	Highest Score	Avge.
Langdon	24	1	873	119	37.9
Fitton	14	2	315	103*	26.2
Rees	14	2	312	50	26.0
Evans	21	2	379	60	19.9
Wright	16	3	258	51*	19.8
Winter	15	1	256	49	18.3
McLaughlin	9	1	86	27	10.7
Cook	6	—	59	38	9.9
Taylor	10	1	82	23	9.1
Kay	10	3	26	13	3.7

*Not Out

BOWLING

	O.	M.	R.	W.	Avge.
McLaughlin	65.1	16	243	19	12.8
Mills	101.1	33	210	15	14.0
Kay	157	22	624	42	14.9
Jones	80.5	13	278	18	15.4
Ryan	90.3	15	322	17	18.9
Wright	133	26	434	22	19.7
Arnold	40.1	8	132	6	22.0
Langdon	83.4	22	288	11	26.2
Smith	40	3	162	5	32.4
Winter	31	4	171	5	34.2

CATCHES

Evans, 7 caught, 9 stumped; Langdon, 13; Wright, 7; Winter, Kay, Jones. 4; Fitton, McLaughlin, Cook, Oram, 3; Rees 2 caught, 1 stumped.

JOHN REES.

HOCKEY CLUB

PREVIEW OF THE SEASON

This year is likely to be crucial as far as the future of Guy's Hockey is concerned. Last season ended with a long debate on whether or not we should join the Kent League. This was because the original decision to remain out of the league seemed incompatible with the fact that an enormous proportion of the clubs who were approached by the organisers had agreed to participate in the league system. Guy's is not a member of the league at the moment but it may well be that this situation will be changed before the beginning of the 1973-74 season. The formation of the league has meant that four fixtures, those against Maidstone, Bexleyheath, Old Beccehamians and Sevenoaks, have been lost for this year and it is possible that if Guy's were to remain outside the league some more would also disappear. In spite of this a strong fixture list has been retained and there will certainly be some tough opposition.

Last season's 1st XI was a relatively young team so that most of them will still be here, providing, of course, that there are not too many defectors to other teams! This in itself augurs well but add to that the fact that most of last season's 2nd XI are also preparing for another campaign and the prospects really look quite good. At one stage last season it was rumoured that the results would probably have improved if the 1st and 2nd XIs had interchanged: this is a good indicator of the strength of the "up and coming" talent and it is sure to mean that there will be healthy competition for first team places.

John Cottingham, this year's captain and goalkeeper, emphasises that fitness and an early knowledge of the basic skills of the game are an absolute essential on which to build a successful season. Bob Fell, fresh from a coach's course in Loughborough, will be giving some necessary instruction and this will be a great help since last year in particular the simple techniques were never learnt because of the lack of someone who knows how to teach. As far as fitness is concerned training sessions are now in full swing—action is what is now required!

In terms of winning matches the first team are again going to have the problem of finding a good centre-half around whom to build a team—if this is solved, the rest should fall into place. No less important are the 2nd and 3rd XIs since these form, as it were, the spirit of the club. Barry Jones, the 2nd XI captain, should have no difficulty in generating an enthusiastic team similar to the one led last year by Tony Holland. Peter Hogkinson as 3rd XI captain has the very important job of maintaining interest lower down the club—this is essential for a thriving club. As usual one ends with an appeal and a prayer for another good crop of freshers and, granted this, the signs are propitious.

PAUL CALVERT

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Registrar** in cardio-thoracic surgery to the Guy's Hospital Board of Governors with duties to commence as soon as possible until 30th September, 1973. Opportunities are available for, and the successful candidate will be expected to take an active part in, the research work of the department. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **6th October, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Senior Registrar** in anaesthetics at Guy's Hospital for the period 1st October, 1972 to 30th September, 1973, in the first instance. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **6th October, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to Nuffield House (Private Wing of Guy's Hospital) to commence 1st December, 1972 for a period of six months. Applications together with the names of two referees or enclosing two recent testimonials, should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **19th October, 1972.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Rheumatology to the Hume Kendall Unit at New Cross Hospital for the period 1st December, 1972 to 31st May, 1973. The successful candidate will have ample opportunity to take part in the educational and research organisation of the unit and to prepare for the M.R.C.P. Examination. Applications naming two referees should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **2nd October, 1972.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited from dental or medical graduates for the post of temporary **Junior Lecturer/Lecturer** in the Department of Physiology. The appointment will terminate in the first instance on 31st December, 1972. There are good opportunities for research in collaboration with clinical departments. The post would be suitable for a graduate preparing for a higher qualification. Salary, according to experience, within the range £2,238 to £4,299 plus London Allowance of £162. Application forms are obtainable from The Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

GUY'S HOSPITAL

Applications are invited for the following house appointments due to begin on 1st December, 1972. Forms of application are obtainable from and should be returned to Mrs. Webster, Medical Staffing Officer, not later than **19th October, 1972.**

HOUSE APPOINTMENTS

The following house appointments will be made for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment.

House Physicians 3
House Surgeons 3
Throat and Ear House Surgeon 1
Gynaecological House Surgeon 1

The following house appointments will be for six months and will be open to candidates who have already completed their first six months appointment at Guy's or elsewhere.

House Physician 1
House Surgeon 1
Children's House Physician 1
Genito-Urinary House Surgeon 1
(or post-registration)
Thoracic House Surgeon 1

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) 1
Preference given to second six months candidate.
House Surgeon (pre-registration) 1
Preference given to second six months candidate.

NEW CROSS HOSPITAL

House Physicians in General Medicine with Rheumatalogy and Geriatrics 2
(pre-registration)

OUTER HOSPITALS

Preference will be given to second six months candidates for the following posts, but first six months candidates may apply.

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases 1

GREENWICH DISTRICT HOSPITAL

House Surgeon to Mr. O'Flynn, Mrs. Wengraf and Mr. Hollis (pre-registration) 1
House Surgeon to Mr. Park, Mr. Williams and Mr. Eldin (pre-registration) 1
House Physician to Dr. Mallinson (pre-registratoin 1

LEWISHAM HOSPITAL

House Surgeon to Dr. Price 1
(pre-registration)
House Physician to Dr. Roberts 1
(pre-registration)
House Surgeon to Mr. Ivo Smith 1
(pre-registration)
Orthopaedic House Surgeon 1
(pre-registration)

MILLER GENERAL HOSPITAL

House Physician to Dr. Hartley, Dr. Bassadone and Dr. Mallinson 1
(pre-registration)
House Surgeon to Mr. O'Flynn 1
(pre-registration)

ORPINGTON HOSPITAL

House Surgeon with E.N.T. to Dr. Walker Brash and Mr. Rainer 1
(pre-registration)
House Surgeon with Orthopaedics to Mr. Walker Brash and Mr. Lam 1
(pre-registration)
House Surgeon with Orthopaedics to Mr. Boxall and Mr. Lam 1
(pre-registration)
House surgeon with Gynaecology to Mr. Boxall and Miss Austin 1
(pre-registration)

PEMBURY HOSPITAL

House Surgeon 1
(pre-registration)
House Physician 1
(pre-registration)

ST. HELEN'S HOSPITAL, HASTINGS

(Married accommodation may be available)
House Physician in General Medicine and Geriatrics to Dr. R. Irvine 1
(pre-registration)

ST. NICHOLAS HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott 1
(pre-registration)

P. J. HELLIWELL,
Superintendent.

GUY'S HOSPITAL

ALLOCATION OF MEDICAL AND SURGICAL REGISTRARS 1972/73
To take effect from 1st October 1972

Medical Registrars

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Grahame.	Dr. J. G. Pickering
Dr. Hardwick, Professor Trounce, Dr. Cameron and Dr. Ogg.	Dr. M. O. Rake
Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble.	Dr. T. C. Northfield
Professor Lessof, Dr. Joiner, Dr. Burry and Dr. Sowton.	Dr. R. B. Stott
Endocrinology	Dr. M. N. Maisey
Neurology	Miss D. Gorvette
Renal Medicine	Dr. C. B. Brown
Clinical Toxicology and Intensive Care.	Dr. A. J. Rees
St. Olave's	Dr. C. D. Eraut Miss P. Ewan
New Cross	Dr. M. F. Shiu

Junior Medical Registrars

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Grahame.	Miss M. E. Piper* Mrs. L. Rockall†
Dr Hardwick, Professor Trounce, Dr. Cameron and Dr. Ogg.	Dr. M. Denyer* Mrs. V. Price†
Dr. Houston, Dr. Knight, Dr. Dauchar and Dr. Grimble.	Dr. D. J. Lipscomb* Dr. D. Bellamy†
Professor Lessof, Dr. Joiner, Dr. Burry and Dr. Sowton.	Dr. H. J. Rogers* Dr. A. J. Camm†
St. Olave's	Dr. A. J. Camm* Dr. H. J. Rogers† Dr. D. Bellamy* Dr. D. J. Lipscomb† Mrs. L. Rockall*
New Cross	Miss M. E. Piper† Mrs. V. Price* Dr. M. Denyer†

*October to March †April to October

Surgical Registrars

Professor McColl and Mr. Rendall,	—
Mr. Lawrie and Mr. Beard	Mr. H. G. Sturzaker
Mr. Blackburn, Mr. Maynard and Mr. Ellis.	Miss R. C. Radford
Mr. Glover and Mr. O'Flynn	Mr. R. Qureshi
St. Olave's	Mr. A. B. Richards Mr. R. J. Heald

Junior Surgical Registrars

Mr. Lawrie, Mr. Beard, Mr. Glover and Mr. O'Flynn	Mr. J. D. Spencer
Mr. Blackburn, Mr. Maynard and Mr. Ellis	Mr. J. G. Payne
Breast Unit	Mr. T. Wilson
Neurosurgery	Mr. W. J. Owen

P. J. HELLIWELL,
Superintendent.

PASS LIST

DEGREE EXAMINATION

1ST CLASS HONOURS IN THE B.Sc.

Dawkins, K. D.	Pathology and Anatomy
Forgacs, I. C.	Biochemistry
Jones, H. W.	Physiology
Lambden, P. W.	Pharmacology
Mackenzie, I. F.	Pharmacology
Massey, R. F.	Pharmacology
Olczak, S. A.	Physiology
Pugh, C. J.	Physiology
Saumarez, R. C.	Biochemistry
Townsend, P. T.	Pathology and Anatomy
Wheeler, P. J.	Anatomy

CHANGES OF ADDRESS

Professor Declan John Anderson, Haversham House, 12 New Street, Wells, Somerset. Tel: Wells 72472.

Nick and Anne Barwell, 85 Twitchell Street, Wellesley, Mass. 02181, U.S.A. For one year from 1st October, 1972.

Major L. A. Lees, M.R.C.O.G., R.A.M.C., British Military Hospital, Rinteln, B.F.P.O.29.

David and Barbara Morris, "The Lawns", 22 Sheen Common Drive, Richmond, Surrey. TW10 5BN. Tel: 876 4023.

E. David Morris, M.D., F.R.C.S., F.R.C.O.G., consulting at 78 Harley Street, London W.1. Tel: 636 4797.

Dr. and Mrs. John Murray, 3 Sandbourne Drive, Stourport Road, Bewdley, Worcs.

David P. Nicholson, M.D., F.R.C.P., F.R.C.P., F.A.C.P., to Albert B. Chandler Medical Center, College of Medicine, Department of Medicine, University of Kentucky, Lexington, Kentucky 40506, U.S.A.

GUY'S HOSPITAL GAZETTE

EDITORS T. B. BARNES and Miss I. H. DODD
NEWS EDITORS T. J. GOULDER and K. N. BULLOCK
SPORTS CORRESPONDENT P. CALVERT
NURSING CORRESPONDENT Miss P. M. JEFFERIES
BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2198

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Welcome

Welcome Freshers. Another year has passed and Freshers Week is on us yet again. Chaos and grumbles from all the students, old and new alike. From the old hands (those who have been here for all of a year or more) there will be the perennial moans and groans, queues in the Spit, no newspapers (even in the Gents'), not even anywhere to go for a quiet sleep without someone asking the way to Student Health or the Medical School. Perhaps the worst trial of all will be having to fight your way through those hordes of people at the Bar just to get a drink.

There will also be the usual comments :—

"Aren't they scruffy?"
"Some of them look like . . . well . . . Students."
"Seem to be more girls this year, quite a few good lookers, too."

For the new student of course it is much worse. He or she has to assimilate hundreds of facts, faces, places, and names within the space of a few days. My sympathy goes out to you.

On behalf of the Student Club I would like to welcome all Freshers to Guy's, and I hope we can make your introduction here as gentle and atraumatic as is possible.

The hospital has changed much in the last few years, the faces, the attitudes and the buildings that encompass them.

Hair is getting longer and is not quite the bone of contention it used to be. (It even hit the columns of the *Gazette*, so it must have been quite important.)

At present there is even some talk of having a Student Union at Guy's (there are only two other places in the whole country without a Union), something unheard of five or six years ago.

I think the most important thing however is for you to enjoy yourselves whilst you are here (academically, socially, sporting or otherwise), but at the same time try to give to Guy's as much as you take out of it.

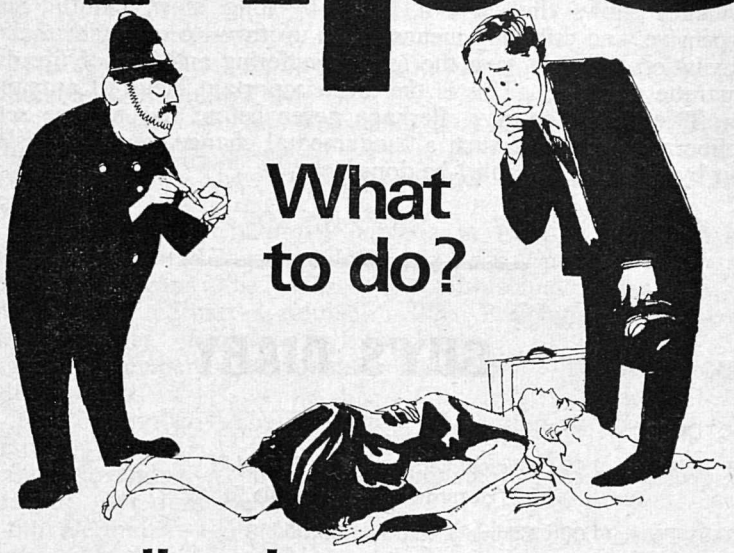
David J. Jones,
Student President.

"A.S.H."

On 28th September "Action on Smoking and Health" (A.S.H.) launched a £235,000 cash appeal at their Headquarters at the Royal College of Physicians. The reception was attended by many well-known figures from the worlds of both medicine and entertainment. Facts well known to medical people were reiterated : Smoking is the greatest single cause of death in Britain today. It leads to lung disease : Emphysema, Bronchitis, and of course Cancer; and Heart disease; and expectant mothers who smoke have a 30 per cent greater chance of losing the baby by stillbirth or in the first few days of life, than non-smoking mothers. Their babies tend to be smaller, more likely to be born with heart disease and delayed in their development up to at least the age of seven years. High incidence of absenteeism from work among smokers, cost of industrial fires caused by cigarettes, and ill-effects on smoking school children were also mentioned. It is tempting to complacently say : "But we know all this"—but Brian Rix, who led the conference, made two very significant points in his speech : "Prevention of disease is always better than having to cure it" (we have to agree), and furthermore he stated emphatically that if the aims of the A.S.H. Committee are to be realised then " we must have a lead from every individual and every organisation able to influence social behaviour, especially the behaviour of the young." This statement seems to apply directly to the medical profession. By constant exhortation and example to our patients to give up—or not to begin—smoking, we can save more lives (and money!) than in any other single way.

In 1968 (according to a communication from K. P. Ball, M.D., F.R.C.P., who is the Sub-dean of Middlesex Hospital Medical School, and also the Honorary Secretary to A.S.H., to "Health Trends" of August, 1972) that Medical School followed the lead of the London University by selling its tobacco shares. In 1971 the Academic Board of the Middlesex Hospital Medical School set up a sub-committee to look into various aspects of the problem of smoking in the Medical School. It concluded that there was good reason for all medical schools and teaching hospitals to re-examine their policies about smoking because medical schools *have a collective responsibility* not only for formal education on the dangers of smoking but also for the attitude they adopt in attempting to dissuade students from smoking. Specific proposals were put forward : information regarding the effects of smoking should be given to both pre-clinical and

mps



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clinical students and they should each be given a copy of the report to the World Health Organisation on Smoking and Health. Smoking should be prohibited in laboratories, dissecting rooms, post-mortem rooms, all teaching areas, and in the Academic Board. It should be restricted to one area of each dining room and refectory, but should be permitted in lavatories, cloakrooms and corridors. These proposals have since been put into practice. And similar measures have been applied at the Royal Free, St. George's and many other teaching hospitals.

Cigarettes are on sale in the Spit at Guy's, and smoking always permitted—even at meal times. This is deplorable.

The question of smoking is not a matter of opinion—irrefutable evidence shows that it is a killer, by long, slow, painful, smelly, expensive, and crippling means. It is up to *us* to engender the social revolution that can save the intense suffering and loss of life due to cigarette smoking. This is the most important Health Campaign of the Twentieth Century. Perhaps never before has anyone set out deliberately to make such a fundamental change, not by legislation, but by influence. It must be done.

GUY'S DIARY

OCTOBER

9	M.	1.00	Clinical Lecture. Dr. PADDLE. "Hazards of Anaesthesia."
10	Tu.	1.00	Clinical Lecture. Mr. ELLIS. "Kidney Transplantation."
12	Th.	1.00	Clinical Lecture. Dr. McARDLE. "Some Cranial Nerve Lesions."
13	Fr.	1.00	Clinical Lecture. Mr. LAWRIE. "Constipation in Infancy and Childhood."
17	Tu.	1.00	Clinical Lecture. Dr. ROBINSON. "Convulsions in Early Childhood."
19	Th.	1.00	Clinical Lecture. Dr. MACKENZIE. "Epilepsy."
26	Th.	1.00	Clinical Lecture. Dr. McARDLE. "Cerebral Tumours."
30	M.	1.00	Clinical Lecture. Mr. MAYNARD.
31	Tu.	1.00	Clinical Lecture. Mr. LEWIS.

All Clinical Lectures are held in the Anatomy Theatre and are open to any Guy's student.

NEWS IN BRIEF

There will be a Memorial Service for Sir Rowan Boland on Monday, 6th November, at 12.30 hours in the Guy's Hospital Chapel. Further details will be announced in the next edition.

Closed Circuit Television

During the Winter Term 1972 the weekly programme "Up-to-date" will be shown in the Closed Circuit Television Studio on the lower ground floor of the main Medical School Building on Wednesdays at 1.15 p.m.

The programmes will last approximately half-an-hour each.

Details are as follows :—

11th October.—Foetal Well-being in Pregnancy. Professor Jack Dewhurst and Mr. Stuart Campbell.

18th October.—Foetal Well-being in Labour. Mr. Geoffrey Chamberlain.

25th October.—The Active Management of Labour. Mr. John Beazley.

1st November.—Epidural Analgesia in Labour. Dr. George Stephen. Resuscitation of the Newborn. Dr. David Harvey.

8th November.—The Uses of Ultrasound Diagnosis in Obstetrics. Mr. Stuart Campbell. The Pre-Natal Diagnosis of Genetic Disorder. Professor Jack Dewhurst.

15th November.—Intersexual Disorders. Professor Jack Dewhurst.

22nd November.—The Induction of Ovulation. Mr. Arnold Gillespie.

29th November.—The Use of Prostaglandins in Gynaecology and Obstetrics. Mr. John Beazley.

6th December.—The Management of Urinary Incontinence in Women. Mr. John Malvern.

13th December.—Out-patient Gynaecological Procedures. Mr. Geoffrey Chamberlain, Mr. Edmund Holt and Mr. Robert Beard.

All staff and students are welcome.

The Editors would like to congratulate Dr. Malik H. Mubbashar, B.Sc., M.B.B.S., M.R.C.P., D.P.M., of the York Clinic, who has been awarded Smith and Nephew Fellowship in Neurology at the National Hospital for Nervous Diseases, Queen Square.

The team of British Doctors playing golf against an American Doctors' team at Wentworth on Monday and Tuesday, 25th and 26th September, included three Guy's men :—Professor Cohen and Dr. Maclean and Mr. Brain. Unfortunately the British team lost —17 to 23—but our hearty congratulations go to Dr. Kenneth Maclean for 2½ points, and to Mr. Robert Brain for 2½ points.

The Editors of the *Gazette* would like to wish Dr. John and Sally Rawlinson every success in their bid to establish a clinic for the Save the Children Fund in Sana'a, Yemen. They leave later this month.

Extensive maintenance is now being carried out on the four passenger lifts in New Guy's House. This means that each lift will be out of action for at least two weeks at a time. It is regretted if this causes any inconvenience, but it is pointed out that whilst the company involved are on the site, minor running repairs to other lifts should be carried out promptly.

NOTICES

THE BIG BAND SOUND

Guy's Hospital Students' Bar are fortunate enough to have been offered the voluntary services of

KEN WEBBER AND HIS BAND

on FRIDAY, 3rd NOVEMBER, 1972.

They are a 17-piece band playing among other numbers the Glenn Miller type music from 9 p.m. to midnight for the pleasure of your listening and dancing.

We shall be making a small charge of 30p entrance fee and the total receipts from these will be given to the Cancer Research Fund at the request of Ken Webber.

There will be an additional Bar upstairs in the North Common Room with an extension until 11.45 p.m.

By supporting the Cancer Research Fund you can have a most enjoyable evening for 30p.

GUY'S HOSPITAL SERVICE

There will be a Hospital Service for Guy's and the Group Hospitals in Guy's Hospital Chapel on Wednesday, 18th October, 1972, at 6 p.m.

The Dean of Westminster Abbey will preach, and there will be a reception after the service.

All denominations are most welcome.

COMBINED HOSPITALS' BALL

Friday, 20th October. 8 p.m.-1 a.m.

At the Commonwealth Institute, Kensington High Street, London, W.8.

Medical and Dental Students and Student Nurses £5. Others £8. Black Tie.

Tickets from Miss M. Marriott, 175, Cromwell Road, London, SW5 0SE.

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A Tribute to Sir Rowan Boland

As someone who served with Rowan Boland, first in Egypt and later in Italy, I would like to add my tribute to those already written. "Bo" came to 19 General Hospital in the Spring of 1940 as Officer in Charge, Medical Division. We soon realised his worth and he quickly organised the division in which he established an excellent and happy discipline. When we moved abroad he never spared himself in the running of the hospital, and this was even more apparent when he accepted charge of the large Italian Prisoner of War wing in addition to his other duties. He expected but never demanded similar standards from his colleagues, no one of whom was accepted on face value. However when he gave his friendship, he gave it generously and he backed his staff unreservedly. Behind an elegant and somewhat austere exterior "Bo" was a sensitive and passionate man who was quickly roused to anger, in particular when he thought someone had suffered an injustice. He was scrupulously fair and fought hard for the rights and dignity of his Prisoners of War. Nevertheless they went in some fear of him knowing that any infringement or attempt to take advantage would incur "il Colonello's" displeasure.

When he moved to North Africa and Italy as consultant physician, his officers in charge of divisions soon realised his ability and high standards and gave him their loyalty and friendship. He was proud of their achievements both during and after the war and many of these associations developed into lasting friendships.

Much will be said and written of his work in North Africa and Italy and of his work at Guy's after the war, but I would confine myself to his integrity, his sensitivity and his capacity for friendship which we will not forget. In recent years it was a joy to visit him in his lovely home in Kent which Barbara, his wife, made so comfortable and welcoming, and to see how proud he was of her achievements and of his garden.

G.M.K.

GUY'S HOSPITAL DENTAL SOCIETY

ANOTHER CHAPTER

In this second of the fortnightly bulletins, we would like to extend a warm welcome to all the new students entering the Pre-Clinical courses at Guy's Hospital and hope that they soon become accustomed to the people, places and routines here.

The Pre-Clinical Dental students often feel remote from the Dental Department itself, but we encourage you to take an active part in the Dental Society which is a function of all the Dental Students of this Hospital. The Managements Committee of Staff and Student

representatives arrange regular lectures; consider problems arising in relation to the School and organise social events for Past and Present members.

The speakers for our fortnightly meetings (Tuesdays, 5.30 p.m., Dental Lecture Theatre) are now arranged and include Dr. W. H. Bowen (Royal College of Surgeons), H. Colin Davis (Oral Hygiene Service), Mr. A. Mackie (Secretary to the British Dental Association), F. Leek (Dental Adviser to the Tutankhamun discoveries), and also research reports from our own School. Official programmes of these speakers will be circulated to all Dental Students and Staff.

Reports were received at the last Managements Committee meeting of the most successful I.A.D.S. Congress in Sussex during 2nd to 12th August, and of the B.D.S.A. Conference in London which followed soon after. Two hundred students from 21 different countries, including Hungary and South Africa, enjoyed 10 days of clinical meetings and social events organised for the I.A.D.S. by Peter Swiss (part-time Registrar in Dental Department) and John Savage, whose business experience helped to raise valuable sponsors. A team of co-ordinators, for the smooth running of the conference, was made up largely of Guy's representatives, including Miss P. Leithead, Miss R. Duncan, Miss M. P. Hooley and Mr. S. Milner. The I.A.D.S. reported an increase in member countries, including Poland and some from the Far East, and improvements in the Newsletter (now being published by Quintessence International and accepting articles from students in many countries). The main themes for discussion were Recruitment to the Dental Profession and the Dental Care of Children, especially handicapped children. At the B.D.S.A. Conference in London, 29th August-2nd September, the main theme was Dentistry and the E.E.C. and much discussion on the Dental Education and Dental Practice in the Ten Countries was provoked, with the help of speakers from the B.D.A.

We should continue to broaden our perspective in Dentistry by meeting colleagues from other schools and other countries, so please use these British and International Associations for Dental Students.

Once again may I remind you of the following dates :—

Tuesday, 10th October, 5.30 p.m., Dental Lecture Theatre for the PRESIDENTIAL ADDRESS. "A Difficult Case," by Mr. J. W. Mansie.

Saturday, 4th November, Grosvenor House Hotel, Park Lane, for the DENTAL SOCIETY BALL. £7.50 per Double Ticket; available from Sue Smart and Huw Thomas, East Wing or Dental School.

Freshers, please note:—

Freshers Dental Society WINE AND CHEESE PARTY, sponsored by The Medical Sickness Society, on Thursday, 12th October, 5.30. Table Tennis Room, East Wing. Invitations are being sent to all new Dental Students.

We hope you will show continued support for these coming events.

(Margaret Hooley, Hon. Secretary),
Guy's Hospital Dental Society.

And So to Guy's . . .

As you may have gathered by now (and those of us who read magazines backwards certainly will have), this edition is aimed at the new Guy's students in the hope that it will encourage them to read, contribute and discuss articles in the *Gazette*. Also we hope that it will provide a useful guide, over the first few weeks that the freshers are with us, and to that end we have included an article by Michael A. Simpson (President of the Students' Education Committee), and a shorter piece by a Professor from each of the pre-clinical departments.

A Peculiar Kind of Dead

Michael A. Simpson

Welcome to Guy's—and to the rôle of medical student.

It has been pointed out that the further you ascend up the evolutionary scale, the longer you find the young animal to be dependent on the parents. This probably makes the medical student the highest form of animal life known to science.

There has been a very large number of studies of the species, so we already know something about you. With few exceptions, you come from well-educated, urban, middle-class families, and you possess a moderately high I.Q., probably around 120. You're rather naïve and unworldly, unfamiliar with large areas of life and society, and your time here at medical school is unlikely to remedy much of this. You probably already exhibit significant anxiety as a major feature of your life, and will remain anxious, at times strikingly so, at intervals through the course. You may well be worried about sexual problems, and are likely to be ill-informed about sex in general. Unless you are very unlucky, no one will talk about it during your training. In the course of the next few years you will have a rather higher than average rate of psychological illness, and a significantly higher suicide rate than non-students of your age. Although you may find it a little difficult to get to, experienced, confidential and sympathetic help is available should you need it. As you grow more familiar with disease you will probably discover the signs and symptoms of at least one or two grim or fatal illnesses in yourself, before you qualify—and yet will survive unmarked.

Judging by the way in which medical students are selected in this country, the odds are quite heavily in favour of you being a white, Anglo-Saxon, upper middle-class male, son of a doctor, who went to at least a minor public school, and specialised in purely scientific subjects far too early. If you're a female Cherokee, daughter of a janitor, with "A" Levels in knitting and Urdu, you are probably a clerical error. But you have my very best wishes. And, although our selection procedures do at times look like a large-scale genetic experiment to demonstrate the existence of a Guy's gene (on the Y chromosome, of course), you stand as good a chance of qualifying as any of the others.

As regards your attitudes, research suggests that you are persevering, authoritarian yet broadly humanitarian in outlook, and tend to be cynical. By the time you have finished training, you may well be more cynical, and significantly less humanitarian. You possibly also show an interesting combination of qualities that has been noticed since Dickens first described a medical student, or even earlier—you are likely to be conservative to the point of reactionary, yet with what has been delicately described as "a below average regard for social conventions". The public image of the medical student as a bluff, dim, beer-swilling rugger player is so unkindly inaccurate that it has caused many a scrum to sob inarticulately into his pint. Whatever your initial enthusiasms, many of you will soon lapse into a state of non-participation in anything but your nine-to-five studies, and there will be much wailing and gnashing of gums and talk of student apathy.

Idealism can be hard to maintain in medical school, and there are three principal responses to the pressures and dissatisfactions of the course—joining the system; fighting to improve it, as an activist; and passive resistance, or emotionally dropping out into enthusiastic apathy and avoidance. A Chinese proverb describes this last group well: "The idle are a peculiar kind of dead, that cannot be buried." It will be up to you, but as Eldridge Cleaver pointed out, if you're not part of the solution, you're part of the problem.

There are great difficulties involved in designing a curriculum such as the one you will follow, and you will become increasingly aware of the imperfections of our present system as well as its strengths. On first arrival, you find yourself confronted by a vast amount of learnable material, and medical students often start by believing that they will need to learn it all. They come here to learn medicine, and as far as the eye can see there is more and more of it, waiting to be learnt. Teachers don't often disabuse you of such ideas, and there are few, if any, cues as to what you can and should leave out. After a time, you usually realise that if you try to learn it all, you'll never finish. You have to be selective, and with little guidance to help you decide, you begin to choose some material that you feel sure you'll need in practice, and other material that you'll need to pass the exams. The two types of material may not necessarily be closely related. (As the Cambridge graffiti says "Exams kill by Degrees".)

The curriculum, like all curricula, is severely overcrowded. When I first visited the U.S.A., I was enchanted to discover, even in large and luxurious restaurants, the phenomenon of the Doggy-Bag—you are offered a special paper bag in which to put the odds and ends of left-overs from your meal, to take home for the pet. Curricula are a sort of Intellectual Doggy-Bag, chock full of left-overs, and various bits and pieces all sorts of people have tucked into it over the years, sure that you will find it all tasty and nutritious.

Trying to change a curriculum is like trying to move a cemetery. The territorial imperative stalks the corridors of every university and medical school, and bloody battles may be fought out in committee before one subject will yield half-an-hour of your time to

any other subject. When one proposes changes, one is readily reminded how well the existing arrangements have served us for so long. If a baby could talk when being weaned, he'd look up from the breast and say, indignantly: "How can you expect me to change the habits of a lifetime?"

A major and increasing problem that medical schools all over the world are beginning to face is the question of their relevance. Although on the whole most people who have knocked around a medical school for five or six years turn out to be averagely adequate doctors, many of us actively involved in such work believe that we could turn out more and better trained doctors, of greater value to their patients, and in a more enjoyable process, than at present—if only we would devote more time and money to defining what we want and how we propose to do it. We can train doctors who are not only scientifically sophisticated, but sensitive, responsive and socially and politically literate as well. Large areas of a doctor's present training, in most medical schools, are irrelevant to the needs of society, and fail to prepare him really well for either the job he will in fact be asked to do, or for the job his society really needs him to do. Present reformers all too frequently fail to look beyond their present pack of curricular cards, and offer a timid re-shuffle. What we really need may well be a different set of cards and a new game.

They have done well, but not boldly or imaginatively enough. One is reminded of the classical Public School report: "This boy lies, steals, and does not wash. He has succeeded in seducing the undermatron, the gardener's wife and the Captain of the School Boxing Team. In him, sloth and corruption are combined in repellant harmony. But he has done much better than last term."

Finally, I would like to say a few words about the care and nurture of the Faculty. Although there has been much controversy about student assessment of teachers: we know (or should realise) that it takes place all the time—our only real choice is whether we find out what you think, or try to pretend that you don't. But you should realise how much you can do to improve matters. Students now have numerous opportunities by participation in bodies like the Student Medical Education Committee at Guy's and the British Medical Students' Association nationally, to influence the course of events, and the events of the courses. Recent generations of students have worked hard to earn these opportunities, and they should be energetically used. Students are at present working very ably on several important Committees including the one currently redesigning the course—student participation can work, if you do.

There is also a great deal you can do to increase feedback and to reward, support, and encourage good teachers. When you experience a particularly good learning experience—make a point of letting the teacher know this, and why and how it helped. Groups of students can let departmental heads and medical school authorities know of consistently good teachers. You can be sure that the keen and talented young teacher could do with your support. Appointments and promotions of teachers are almost inevitably made purely on the basis of clinical and especially research ability, and the number and volume of dusty publications he has produced, rather than

on his ability as a teacher and genuine love for the exhilarating business of teaching. Those of us with a deep interest in the practice and processes of medical education are often regarded as suspect, and threatening, rather than as potentially very helpful.

Alex Comfort recently quoted a very relevant apocryphal story : "I hear he was a great teacher", one of the centurions supervising the Crucifixion said to his companion. "Yeah," replied the other, "but he never published anything."

Michael A. Simpson

What You Can Expect

G. A. D. Haslewood, Professor of Biochemistry

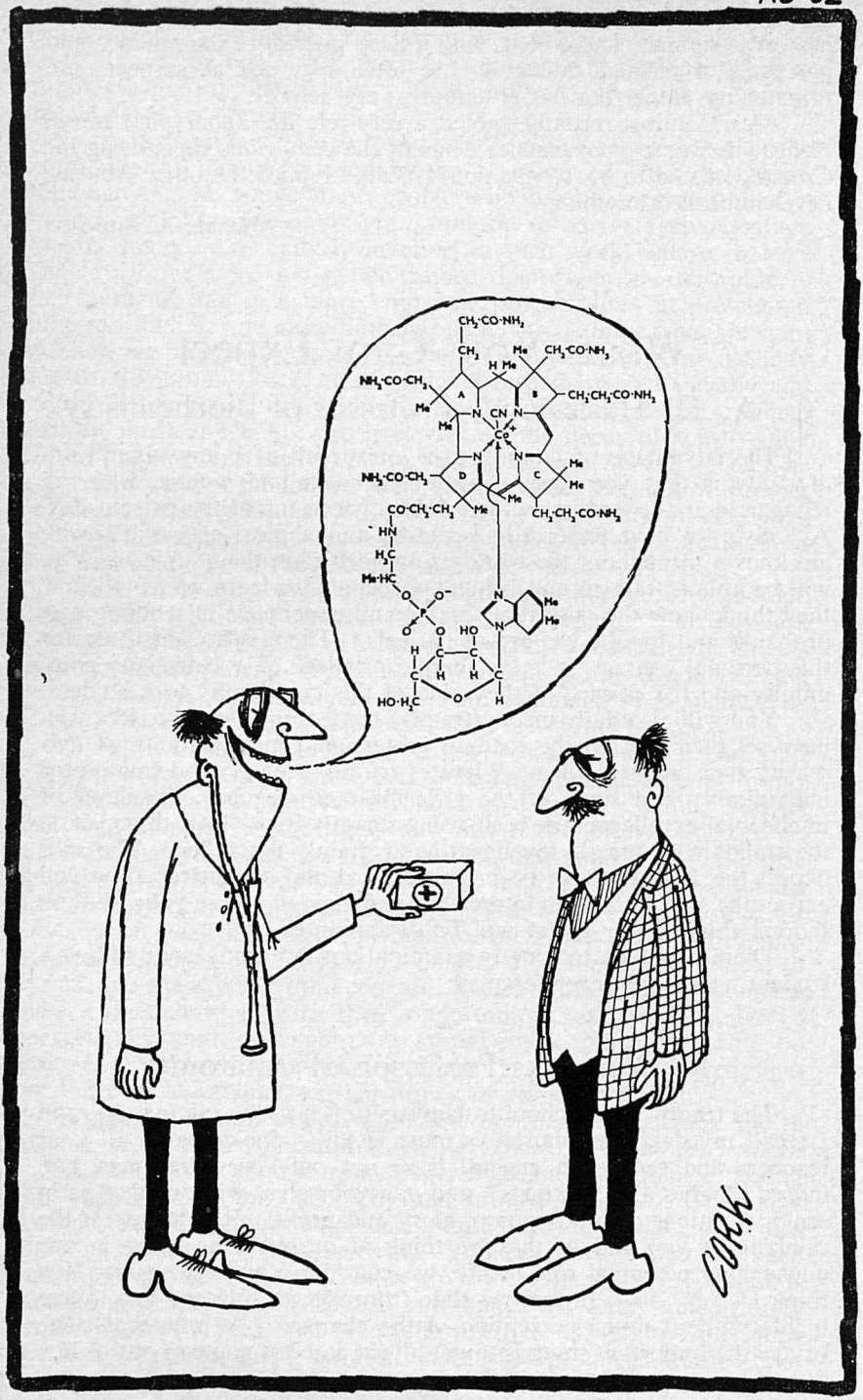
The advantage of coming to a University over any other form of study is that you meet some of the men and women who are recognised as the leaders in their fields of learning at the present day. At Guy's we have experts in scientific and clinical specialities who are known throughout the world as authorities in their subjects. You will be able to talk to and hear these people, to learn above all how they think; how they use their brains and experience in tackling new problems and for the welfare of patients. There is no substitute for this personal contact; it is the unique privilege of a University community and the essence of the value of this community to a student.

You will also daily meet attractive contemporaries who, like you, have set their feet on the road to professional qualifications. Guy's selects its students, when A-level performances are adequate, for individuality and some of the girls for their beauty. The level of intellectual excellence has been rising steadily for at least three years; the standard of female loveliness has certainly not fallen. The staff expect the 1972 entry to be bright, critical and attractive. You will expect the staff to take an interest in teaching you and in your welfare. I don't think either group will be disappointed.

There won't be too many examinations, so enjoy your life as a student : you will never forget it.

R. Warwick, Professor of Anatomy

The transit from School to University is a very exacting one, and I recall my own freshman days most vividly. Incidentally, all your teachers and seniors in general have not only been freshmen but, indeed, "babes and sucklings", and you yourselves will one day be in senior positions of much pomp, glory and profit! It is a flaw in the thinking of you and us that we think of ourselves as being in one unchanging perennial rôle in life; we consider You very young, You think Us very old. In fact we slide from rôle to rôle and age to age in life without much perception of the change. At whatever stage or age the important thing is to get all the interest you can out of life.


CORK

If you are interested we shall be automatically and enthusiastically interested in you, and *your* interest in our fields of work confirms and envitalises ours. So do not be hesitant, but make use of every opportunity to get to know your teachers *personally*. Lectures we must have for some purposes, and in some other forms of teaching we must play our separate rôles. But wherever possible exploit the personal and social contacts you make with your teachers. Year after year We await You with great interest—perhaps a little shyly, like You. It is for both of us to break the ice and to get down to the exciting and happy activities of the University system to which we are privileged to belong—commiting ourselves wholeheartedly to the pursuits of learning, sport, debate, settling the Universe, and the other recreations proper to your age—and ours, of course!

R. G. Spector, Professor of Applied Pharmacology

It is difficult to time the course in Pharmacology for medical students. One of the important growing points in the subject is the development of ideas concerning mechanisms of drug action and these are best understood when the student is immersed in the basic medical sciences in the 2nd M.B. course. On the other hand he has no knowledge of therapeutics and of disease processes and therefore cannot grasp the uses of these drugs. Nevertheless, drugs represent an important part of the interchange between doctors and patients. Even more impressive is the contribution which the development of new drugs has made to medicine in recent years, and in fact has influenced the whole of contemporary clinical practice.

Pharmacology is a study of the effects of any chemical agent on physiological or pathological processes—it has been described as an examination of how small molecules do big things. Much of the fascination of this subject is the astonishing specificity and potency of drugs and one of the great challenges in understanding drug action is an illustration of the fundamental molecular mechanisms of this process.

I. Macdonald, Professor of Physiology

The teaching of physiology to the students is orientated towards clinical medicine and dentistry, with lectures, tutorials and practical work arranged with this in mind. Except for the lectures, all teaching is in small groups of up to 14 students; individual participation by students is welcomed, and apart from acquiring a basic knowledge of physiology, students are encouraged to develop scientific curiosity and to question accepted concepts. During their third term, medical students undertake a group research project with the guidance of a member of staff, the results of which are presented to the other students.

Jazz in the Bar

Every Wednesday night the Students' Bar in the East Wing opens its doors to the Graham Humphries Jazz Band. The Jazz evening was started last term in an effort to increase the popularity of the Bar which is usually poorly attended during the week, and also to provide alternative amusement for Guy's Students to the hops.

The Graham Humphries band have been playing for over a year in their present form, although their leader and vocalist (?) was "King of the Jivers" at Oxford for many years. The band play a Jazz/Trad mixture which is equally enjoyable to either listen or dance to. (There is still time to enrol in the Giles Rowntree Old Time Dancing course.)

The Band, who all have full-time jobs, but who would like to turn professional, give their services free since as yet no practical means of paying them has been found without encroaching on the free-and-easy atmosphere of the evening, although a silver (?) collection is made towards the end.

We would like to encourage all Guy's Students and Nurses, especially the Freshers, to come and hear this excellent band and dance, although the audience are requested not to throw rotten vegetables or pound notes until the interval.

S.T. & L.F.

The Train from Cambridge will arrive at . . .

Students from the colleges of Oxford and Cambridge, commencing their periods of clinical study, will find a considerable change in attitude is required of them in moving to London. Without any disrespect to the Metropolis, it seems that Cambridge is an ivory tower where the answers to all the problems are ready at hand, whilst London has all the problems coexistent and no answers immediately forthcoming. This is seen even at a student level, not only in the districts around Guy's but also within the wards, where one encounters social, psychological and financial problems every day. Three major problems, however, seem to spring to mind : the differences in community spirit, financial balance and academic atmosphere to which one must adapt. However, these differences are not insuperable and, although adaptation takes time, it is usually complete.

The major problem facing the Oxbridge student, freshly-equipped with B.A., is the difference between the college and hospital communities. From spending several years in a student-orientated community, steeped in a sense of unity, and mixing with people of diverse interests, one finds oneself in a situation where the corporate atmosphere is deficient and one must meet the same people every day, talk about the same things every day and run the risk of becoming stereotyped or—dare I say it—boring, in one's behaviour. Having had all ones arrangements made automatically for three or four years, one must now work entirely alone at a time when there is competition, particularly as far as accommodation is concerned, from thousands of others. The task may, at times, seem daunting, but, for the most part, is eventually accomplished.

As far as finance is concerned, one is probably able to improve ones living standards to some degree by virtue of the absence of astronomical fees. However, entertainment, travelling and many other commodities are vastly more expensive and may demolish ones budget with startling rapidity. One must remember that London is not basically a student city and therefore does not set its prices accordingly. It comes too as a shock to find ones holiday cut from 28 to four weeks, thus preventing one from earning any appreciable amount of money during the vacations. However, regardless of this, one seems to maintain ones financial status surprisingly well.

Basically, the Oxbridge student comes to London to study, and in doing so, tends to re-create the academically orientated atmosphere of the mother University. This, although a good thing to some extent, is probably not entirely justified, since clinical medicine is essentially a practical subject and should thus be practically orientated. It is, therefore, desirable to shed the stuffy academic atmosphere and accept clinical medicine for what it is—intrinsically far more stimulating than book-work, if only by virtue of its novelty. Only then can one strike a suitable balance between practical and

academic studies essential to clinical medicine. Practical aspects of medicine are not stressed sufficiently to the clinical student, and this should encourage one to set a precedent in all ones spheres (not only medicine) of doing what will be beneficial to oneself and to ones future responsibilities. However, above all, one should bear in mind that to accept London, Guy's and the situation as a whole for what it is and not for what one thinks it should be, is fundamental to a sense of personal enjoyment and fulfilment.

N.B.

Thamesmead Medical Research Group

Professor H. Keen

The years of planning at Thamesmead are now being translated into reality. Area by area, houses, shops, lakes and all the exciting paraphernalia of a New Town are appearing. There are already more than 5,000 people.

The Health Services there are an integral and planned part of the new community. A growing group of general practitioners, dentists and allied health workers closely associated with the Department of General Practice at Guy's provides comprehensive health care, co-ordinating all the branches of the Health Service. There are unique opportunities for research into many aspects of health and disease and it was to examine these possibilities that the Thamesmead Medical Research Group was set up and held its first meeting on 17th May, 1972, under the chairmanship of Professor Keen.

At the inaugural meeting, professional members of the Health Centre Staff met with people from a variety of disciplines at Guy's. Dr. R. Goulding (Poisons Unit) outlined the possibility of a study of adverse reactions to drugs in patients receiving treatment at the Centre using sensitive techniques for the detection of drugs in the urine and blood. The dental status of children, the development of caries and measures of prophylaxis were considered by Mrs. Jaffe and Mr. Johnston. The genesis of speech and language skills were the interest of Dr. Egan (Paediatrics) and Dr. Colville suggested investigation of childhood behaviour problems linked with defective visuo-spatial appreciation. In adults Dr. Standage saw opportunities for long-term study of the natural history of neurotic illness and the special emotional problems of new communities.

Dr. Hyams was interested in studying the problems of the elderly in their own homes and the establishment of a special geriatric evaluation clinic at the Health Centre. The scope for screening for risk factors in the development of atherosclerotic disease, diabetes and hypertension was raised by Dr. R. Jarrett.

Evaluation of the care given from the Health Centre and its reception by the population are important matters and Dr. Anderson and Dr. Draper (Community Medicine) presented suggestions as to

how they could be assessed. Dr. Higgins asked those present to consider what were the most effective methods of using the teaching opportunities for medical students and nursing staff, for exercises in health education, and for studies of clinical syndromes in general practice.

The first meeting showed clearly that there is great scope and variety for research projects at Thamesmead. Anyone interested in either the population aspects of disease or in problems of clinical medicine outside the hospital would do well to consider the potential. Information about future meetings for those interested in attending can be obtained from the Department of General Practice (15 St. Thomas Street). The next will be at Thamesmead on Wednesday, 11th October, at 5.30 p.m.

Editorial Note : There will be a special Thamesmead Edition of the *Gazette* early in the new year. Contributions are of course very welcome.

NURSING

The Uncultured Nurse

For those people, newly arrived to commence their training, a large teaching hospital must appear to be an extremely bewildering place. Few trained nurses will ever forget their feelings on arrival, and subsequently, but frequently, the typical reserve of the English, does not make it apparent that the memory still lingers.

Admittedly, greater attempts are made nowadays in order to assist in the adjustment process, but to a large degree it is left to the individual to help herself.

Nurses have a somewhat unfortunate reputation of being totally incapable of discussing anything except their work, even when on holiday. This unsatisfactory state of affairs is attributed by those outside the profession, to the fact that pay and working conditions are so poor as to give no opportunity to pursue other activities. This however is not nowadays the case; in fact nurses have longer holidays than any other workers except teachers. Thus, although new recruits might find themselves left to their own devices, they cannot complain of having no free time.

It seems a shame that in this day and age, nurses should have the image of being uncultured. It is also galling when one is on holiday to be able to diagnose the group at the next table in the restaurant within a few seconds, purely from hearing odd phrases of their conversation. What is more, this situation is not confined entirely to the older generation, and even younger members are guilty.

One would have hoped that the general impression of nurses as being narrow-minded and uneducated in any other field, would now be waning. This however is not the case. Moreover it cannot be blamed on lack of innate ability. Many aspiring nurses whilst still at school prove this point. However, after commencing training the

general apathy of their colleagues soon infiltrates, and all abilities are neglected.

It is surely time that nurses decided to alter their image. Only by appearing to be a group of people with knowledge extending beyond their professional requirements, can they hope to improve their standing in the eyes of the population at large.

BOOK REVIEW

OPHTHALMOLOGY. English Universities Press: Ian Duguid and Anne Berry. 150 pp. £1.15.

I strongly recommend this little book. Its aims are clearly set out in the preface, i.e., it is primarily for nursing students, and these are more than adequately covered.

Overall I found it clearly set out and concise, with a useful glossary at the end. There is a great deal of information to be found packed into each paragraph, with extra diagnostic points skilfully included, by means of a few added words in brackets.

In the sections on conjunctivitis and keratitis, both particularly likely to be encountered by nursing staff and casualty officers, I found it easy to run through the headed sections and pick out essential information, yet the impression was given that rarer conditions existed which might need further study in larger textbooks.

Keratitis I found very adequately covered and was again impressed with the extra information included in the minimum of space. I would expect those nursing and medical staff not specially "eye-trained" to obtain much help with technical words and phrases of the speciality.

In the section on uveitis the compression of information is perhaps too severe for such a large subject. This part, I feel, could be expanded a little, generally, and in particular regarding treatment. A fair idea of the ubiquitous nature of this condition, aetiologically, is given, but there is no indication of the clinical impression one gets that of all cases treated in an initial attack, perhaps in as many as half, no specific cause is found.

For each chapter there is a useful preamble on the anatomy of the section. Although condensed these anatomical notes always seem very adequate, and certainly most informative for the chapter on the uveal tract.

Glaucoma is adequately covered. It is refreshing to see a normal disc depicted with an eccentric cup, for how relatively few acceptably normal discs have the concentric configuration so often shown in textbook diagrams. The three field diagrams are well chosen and both tonometry and tonography are briefly explained. While the controversial subject of the value and interpretation of tonography results, with reference to the facility of outflow of aqueous (interpretation —Po : Po/C— initial tension to facility ratio level) is perhaps dealt with rather shortly, yet one is again left with the impression that further reading or advice in this sometimes difficult condition of glaucoma, should be sought.

In the chapter on squint, the list of extraocular muscle actions gives no differentiation between the anatomical actions and the combined main physiological actions. Thus the anatomical actions of the oblique muscles is given including abduction, yet with no indication of the main physiological combined actions. Students can become confused when they have learnt this, and then see a patient with an overacting inferior oblique muscle in which the eye is manifestly turned up and inwards. However, the section has much condensed yet well labelled information. Simplification has had to be employed, if well condensed, the message is still there, that, on from what is presented search must be made in larger textbooks.

In other sections there is a surprisingly wide coverage with mention of all other ocular tissues and their diseases.

A book written especially for nursing students very properly has about a third of its contents given to description of ocular nursing procedures. Included in this section is a short note on first aid for the eye. This must be valuable not only for nursing staff in casualty departments, both hospital and industrial, but for general practitioners as well.

There is a pre- and post-operative care section, with which some individual surgeons may differ in some details, but it undoubtedly provides a well-balanced reference which must be most useful on many occasions especially for those who have not had extensive eye-training or the facility for immediate specialist advice.

Illustrations of ocular conditions are a little sparse and it would be nice to have perhaps one or two colour plates, particularly of the ocular fundus. But any who have had experience of medical publishing must know how colour "rockets" the price of production, and the price of this volume is excellently modest.

I am sure pre- and post-graduate students, both nursing and medical, will find this a most useful little reference book.

H.P.B.W.

CORRESPONDENCE

W. M. Mollison Memorial

SIR,—It is now over five years since W. M. Mollison died and over 34 years since he retired from the staff of the Hospital. Few of your readers will remember him therefore, though many will know what fame and honour he brought to Guy's and in particular to the Throat and Ear Department.

Now a generous donor, who insists on anonymity, has provided the sum of £1,000 in order to establish a fitting memorial to this great man, and careful thought has been given as to what form it should take. The decision reached is that the money shall be invested to form the W. M. Mollison Memorial Library Fund, and the income over the years used to improve the existing Departmental Library so as to make it worthy to its new name, the Mollison Memorial Library.

It has occurred to the donor of the £1,000 that others who knew him may wish to add to the sum by donations of their own. Anyone wishing to do so is requested to send his cheque to the Dean, The Medical School, Guy's Hospital, made payable to The Medical School and crossed Mollison Memorial Fund.

Yours faithfully,

L. F. W. SALMON

Throat and Ear Department,
Guy's Hospital,
London, SE1 9RT.

The Postponement of Death in Old People

SIR,—Probably, one of the greatest difficulties in geriatric medicine is that no member of the team has any experience of being an old person.

Death, in early or middle life, is an event taking place out of its chronological context, and might be compared with a premature delivery, calling for all the appropriate procedures essential in a medical emergency. In its proper chronological context, however, death, like birth, is a normal physiological function, and, even as "meddlesome midwifery" is to be deplored, so indeed is meddlesome terminal care.

As we approach our three-score and ten, most of us have reached a degree of maturity which accepts the fact that we shall be entering the last phase of our

lives; for some this phase will be pleasant and fruitful, for others, pain, misery, and frustration will be prolonged, or even exacerbated, by the techniques of "sophisticated" medicine. As a consultant physician wrote (*British Medical Journal*, 30-1-1972), "Since I retired, I have seen with alarm the treatment of some aged relatives and friends, . . . I look forward to my own old age, as ever with distaste, but now with dread." Many of us fear that we may fall into the clutches of those who, with misplaced kindness, "do as they would be done by," and snatch us from death's door, in circumstances in which even the most skilled rehabilitation will leave us lingering, helpless, sometimes confused, and only too often aware that resources badly needed for younger people are being squandered to keep us alive in an already overpopulated world.

Few, if any, of my contemporaries wish to have their lives prolonged by artificial means when there is little likelihood of a reasonably independent life. We shall be happy if hypostatic pneumonia, Osler's "Old Man's Friend," also called "The Natural End of Man," may be allowed to develop, relieved but unchecked, so that we can die in peace and dignity, with a very real gratitude towards those who have refrained from exercising their power to postpone natural death in old age.

Yours sincerely,

ELIZABETH TANNER

31 Trinity Church Square,
London SE1 4HY.

Dr. Sheeran—The Apathetic Society Hits Back

SIR,—

Yours sincerely,

MICHAEL A. SIMPSON,
Life President, Apathetic Society.

York Clinic,
Guy's Hospital.

Blue—mer

SIR,—It appears from your last *Gazette* that it is easier for the sports correspondent to award "doctorships" than for the "Blues" Committee to award boxing "Blues"—or has the obiquitous Chater been at it again?

Yours faithfully,

PETER DAVIES

Shadows,
Bronshill Road,
Torquay

The sports correspondent is aware that across the Atlantic the prefix Dr. is ascribed to dentists but assures *Mr./Dr. Davies that the "doctorship" he awarded was a mere slip of the pen.

*Delete as appropriate.

Dr. Who?

SIR,—I note with interest the letter from my namesake Sam Wheeler (*Gazette* 23rd September).

I suggest the reason for the labels at the Biennial Dinner may be that nowadays some students only have a haircut immediately before finals, and are simply not recognised by their friends afterwards.

Yours truly,

G. WHEELER

Walnut House, Priors Frome,
Mardiford, Herefordshire.

SIR,—I am in total agreement with Sam Wheeler when he protests against the label issued with the ticket for the Biennial Dinner.

My presbyopia necessitates the use of spectacles for near vision, and at the many conferences I have attended I find the putting-on my glasses more embarrassing to both myself and the stranger(?) than mutual self-introduction.

On the many occasions I have been fortunate enough to have been able to attend these dinners I have always recognised my contemporaries (1921-1928); and many on either side of those years.

If labels are to be worn I suggest that we should pin them on the centre of the *back* of the collar. Then a quick look from behind will avoid embarrassment to either; and will avoid pin-holes in the silk facings.

P.S. Over which breast should this "decoration" be worn?

Yours truly,

CHARLES H. JOHNSON

478 Hornsey Road,
N19 4EF.

Rattus Medicus

SIR,—We do not pretend that advancement in medicine is much more than a Rat Race—but surely it is at least fair to let the Rats know when the Race is on !

The Junior Clinical Students have recently and laboriously filled in forms applying for the second firm. These forms were duly ignored. A meeting was called at which a chosen few students could request a place on the firm of their choice. The date, time, and place of this meeting was not adequately publicised: about fifteen students/rats ran the race. The remaining forty-odd were shoved anywhere. The firm at present at St. Olave's Hospital did not discover until long after the meeting had taken place and no more could be done that their fate had been sealed. Is this fair?

Yours sincerely,

KEITH FREEMAN
"Would-be Rat."

St. Olave's Hospital,
Lower Road,
Rotherhithe.

SPORT

FRESH SPORTSMEN?

Already the "Freshers" have been bombarded with pieces of paper on which there are lists of club officials and sundry other information. Not only that, but the Clubs' Union has provided the venue and the beer for a further attack by a host of people all saying that their club is the best. So why more information? Or is this just more pressure to be resisted by all means possible?

By now the information acquired over beer has probably been forgotteen and the paper is either lost in a mountainous pile or has already found its way to the waste paper basket. Therefore it is worth making a few general points.

Sport is played at all levels throughout the hospital from the extremely serious, involving one or more competitive matches per week backed up by several training sessions, to the very social: in this type of game the training is more likely to be done in the bar. The type of sport which can be played is very varied as can be seen from the list underneath.

What about facilities? The hospital's sports ground is at Honor Oak Park (HOP). This is easily reached by train from London Bridge station

followed by a three-minute walk at the other end, the whole journey taking no more than 20 minutes. Guy's is very fortunate in this respect since most other colleges and hospitals have to travel much further than this. At HOP there is a club house as well as the playing fields. Within the hospital grounds there are two squash courts and a small gymnasium (next to the York Clinic).

In the past few years the number of freshers wanting to play sport has diminished, although it is interesting that many of these return to sport after two or three years. It is hoped that this initial departure will be reversed this year. Sport at Guy's is pleasure not compulsory! Anyone wanting to participate in a sport should contact one of the people mentioned below:—

Athletics, K. Braime; Boat Club, F. Moorhouse; Cricket, C. Langdon, J. Rees; Cross Country, L. Ross; Fencing, I. Starke; Hockey, J. Cottingham; G. Sparrow; Judo, P. Hewish; Mountaineering, R. Burns, P. Rowlandson; Rugby, G. Evans, S. Challacombe; Sailing, P. Meakins, G. Barker; Swimming, F. Cordingly, J. Wright; Soccer, P. Coley, J. Ramsey; Tennis, A. Hall; Boxing, T. Reynolds, Mr. Durbin; Golf, P. Powell-Jackson, E. Bray.

GUY'S HOSPITAL BOAT CLUB

THE BOSTON MARATHON

(Lincoln—Boston, 34 miles)

This year Guy's again entered two boats for the longest and certainly most gruelling race of the world's boating calendar. The "hot" four (only in part due to sweating in the bows) in our boat acquired for Henley Royal Regatta comprised the strength and experience; the eight—hope and enthusiasm. Together the twelve oarsmen are probably the strongest combination Guy's have ever sent to Boston.

After many harassing misfortunes (including losing an oarsman and forgetting the pot) we floated late and set off from Lincoln into a cold, damp autumnal afternoon of mists and rain. The missing man was replaced by one "Bob" of Putney Rowing Club and the pursuit was joined.

The Coxless IV

The crew this year was the same as last year's. This was a great advantage, in a race which is largely psychological. Also there were two very strong stimuli to win the marathon. Firstly we were the winners last year by a convincing 16 minutes over the next four, and secondly, the trophy we recieved last year had not come with us to Lincoln, we had to win it back or face the ensuing embarassment.

Preparation for the race suffered the usual restrictions although the crew was surprisingly keen and arranged a 6 a.m. outing. On arrival at Chiswick as dawn broke, hopes (?) were dashed as the combined efforts of all four failed to raise the boat house door—it was jammed solid and the crew returned for a quick nap before breakfast. Needless to say the idea was not suggested again. The weekend at Lincoln's Albion Hotel proved as enjoyable as ever—and Sunday morning's drizzle as the Guy's contingent assembled at the start hardly dampened spirits.

Once again the crew were very grateful for Beecham's Dynamo—their high energy drink which maintained blood glucose at an astonishingly high level *ad nausea.*

As last year, our steersman provided a schedule aimed at a record time.

The crew started off well. but had hardly rounded the first corner when an eight with a totally inexperienced cox lost us valuable time by effectively blocking the river. Our time to the lock was fast however, 49 minutes against 57 last year, and no time was lost carrying the boat over the bank to the next stage of the race.

In our haste some damage was done to the rudder—it was bent horrizontal, but it made us go all the faster as the boat had to be pulled round all the bends from then on. From the lock our times began to slow and there were some worries about winning. but our No. 2 man whose sixth marathon was at stake forced the crew to maintain a good speed all the way home.

The crew's finishing time of 3 hours, 41 minutes, 9 seconds, was only 69 seconds outside the schedule and gave a 12-minute margin over Boston R.C.

our nearest rivals, and an overall position of 7th, winning the fours trophy for the second year running and setting up a new world (and Olympic) record by 4 minutes.

The Eight

The eight took the race in a rather more leisurely style, the first few miles of the race being used to pull the conbination of individuals (sorry oasmen) into a crew. Bardney was, however, made in good time, crossed in 100 seconds and no break was taken despite mutinous mutterings from the crew until about 2½ hours out. The stroking to this point had been decisive and commanding but shortly afterwards the strain began to tell and magnificent backing up by six and seven kept the boat moving fast, and the eight finished in an overall position of about 15th in three hours, 57 minutes, twelve minutes better than last year.

Thanks must be given to the excellent and extremely good looking "support" crew who made the new record possible and provided extra fluids at the finish.

Crews: IV Bow, M. Gleeson; 2, Jim Miller; 3, P. Stuart-Berret; Stroke, A. Chivers. (Bow steers).

VIII Bow, P. Read; 2, K. Freeman; 3, C. Price; 4, "Bob"; 5, G. Moulding; 6, J. Burgess; 7, R. Pinckney; Stroke, P. Stevenson-Moore; Cox, F. Moorehouse.

RUGBY

The recent training weekend at Thatchings proved an enormous success. A gruelling run before breakfast on the first day was followed by two arduous fitness sessions in the morning and afternoon. It was an ideal opportunity to rehearse moves and to practise the style of football likely to succeed in the coming season. The emphasis was on simple passing techniques with a view to developing a mobile pack capable of handling the ball well and linking not only amongst themselves but with their backs. Unable to match most of first-class opponents in size or strength this mode of play is the one which is likely to succeed.

On the second day a morning of relaxation was followed by a practice game against Bognor R.F.C. This was an opportunity to put into effect the moves rehearsed the preceding day. In fact Bognor did not offer testing resistance and the game flowed largely to Guy's advantage. There were a number of pleasing aspects for Gethin Evans, Guy's new captain. The forwards acted as a reasonably efficient unit, passing the ball between themselves as rarely before. The back row of Holliday, Rigg and Massey excelled and were always well in the thick of things even when not actually initiating an attack. Line-out performance was disappointing and the fault could not be easily defined. Some extra thought and more practice will be essential in this aspect of play.

The backs had plenty of possession and all did themselves more than justice. Cook dictated the moves most of which, perhaps surprisingly, happened as planned. Competition for places in the first fifteen, particularly amongst the backs, will be keen and this game allowed some players to show their talents. Portelly on the wing was able to show his pace although he is not yet the world's best ball handler. Campbell demonstrated his ability to make breaks at centre, a position to which he seems much better suited than wing. All the players on the field revealed that they are capable of first fifteen rugby. During the course of the game, divided into three twenty-minute periods to allow substitution, Guy's scored six tries none of which was converted. Bognor gained a single goal in the closing minutes.

The second fifteen should also do better in the earlier part of the season. There are many players who have taken the trouble to achieve pre-season fitness. Almost certainly there will be an intial regular interchange of players between the first and second fifteens and no player can be certain of a place in either side until he has proved his merit.

In the last season there was a certain reluctance by some club players to contribute fully to the strength of the club as a whole. In order to maintain the standards of the first and second fifteens it will be essential that everybody in-

volved in hospital rugby shoud make himself available for selection unselfishly. The committee is determined that no player who performs well in a junior side will miss deserved promotion.

There are signs that there will indeed be greater participation of all teams both on committees and at training sessions. The welfare of the club depends entirely on the realisation that enjoyment of the game is proportional to the effort put into it.

The number of freshers who will want to play rugby is not yet known. If the club can show itself to be flourishing on their arrival it should attract sufficient numbers to compensate for those who have left since last season. This year extra effort will be spent in recruiting new players, the numbers of whom have dwindled in recent years.

Although student enthusiasm for rugby may possibly have declined there is little doubt that support from non-players has definitey diminished. This may reflect the disappointment at past 1st XV performances but the two can be mutually dependent. The club would very much appreciate more support from within the hospital. An effort is being made to attract the interest of the local population. Figure notices are being distributed to S.E. London and circulars advertising fixtures have been posted through letter boxes of residents in the immediate vicinity of Honor Oak Park. In addition, two South London newspapers have offered to report the first fifteen games. Whether these measures will prove successful remains to be seen.

T. GIBSON

GUY'S v. BLACKHEATH

16th September. Lost 0-29.

The final score flatters Blackheath who for forty minutes were pressed hard by the hospital. It was sad for Guy's that once again they worked so hard and yet could not score. The opportunities in the first half were countless but somehow the Guy's backs never realised their full potential.

The match began with the Guy's forwards seizing the initiative. Despite being outmatched for size they rucked so vigorously that a lot of possession was gained from the loose. Reckoning on their taller opponents winning easily from orthodox line-outs the hospital relied entirely on three-man line-outs and this ploy not only bewildered Blackheath but provided a useful dividend.

At half-time Guy's were losing by nine points. Jorden's kicking, so often Blackheath's saving grace, had collected three penalty goals. It seemed scant justice that having been dominant for most of the first half the hospital should be losing at the recommencement of play.

Within minutes of starting the second half a clearing kick was charged down by Blackheath and an easy try resulted. From then on the game slipped away from Guy's as the heavier Blackheath forwards began to wear down the hospital pack.

Despite the final score Guy's should not feel too despondent. The spirit of the side was right. The backs need more confidence and must learn to run as though they hope to score tries. Although there was some good tactical kicking, there was too much of it and Blackheath's full back was, after a while, able to predict many of the kicks. The tackling was good on the whole and Cook, Yetton and Portelly did some fine work in this respect. A courageous defence however, is not enough to win games.

GUY'S v. OLD ASKEANS

H.O.P. 23rd September, Won 31-13

Neither side produced a sustained standard of football in the first half. Most of the time the Guy's players lacked a sense of urgency and although gaining a lot of possession from short line-outs and the mauls, most of the subsequent attacking moves faltered at half speed. On the credit side the Guy's pack worked well in the loose and were clearly faster and more cohesive. Scrummaging was poor and several times Guy's lost the ball on their own put-in. Danford coped well with his new-found position of scrum half and only rarely did his inexperience in this department show.

Guy's first try was scored by Campbell or Allen (nobody was quite sure which was credited with grounding the ball) after some good rucking and a scramble on the Old Askeans line. Yetton scored a try after some determined running on the wing and Fitton converted from a difficult position near the touchline. At half-time the score stood at 13-7 to Guy's. Fitton having kicked a penalty and Old Askeans having scored an unconverted try and kicked one penalty.

In the second half Guy's nearly allowed the game to slip away from them. Fitton kicked another penalty and the old boys scored a try after heeling against the head close to the Guy's line. This was converted and with 25 minutes of play remaining, the score was 16-13.

At last Guy's realised what was required and in the remaining period they played nearer their full potential. The forwards gradually increased the pressure and regained the upper hand. Fitton kicked yet another penalty and converted the two tries scored by McLaughlan and Yetton.

In the final 10 minutes Guy's had rallied so well that they only narrowly missed adding to their total.

Guy's learned, and not too soon, that no game is easily won and to relax when leading by a mere six points is courting disaster.

Team: R. Fitton, R. Yetton, A. Campbell, J. Ross, C. MacLaughlan, D. Norfolk, M. Danford, N. Allen, R. Massey, H. Holliday, H. Munro, D. Stuart, G. Evans, T. Gibson, T. Want.

T. GIBSON

LONDON PHYSIOTHERAPY SCHOOLS' SWIMMING GALA

The Annual Gala, held under A.S.A. rules, took place at the London University Pool on Tuesday, 26th September. The winners were the London Hospital by one point from the Middlesex. Guys were placed 4th out of the ten schools competing, and had individual winners in Debbie McCabe in the free-style event and Jane Erskine, who won the Diving Cup.

Team: Debbie McCabe (Capt.), Caroline Jackson, Elizabeth Pote, Leigh Stock, Libby Kinder, Pat Lawrence, Cindy Hamilton, Jane Erskine, Elizabeth Painter and Susan Peach.

In the "Obstacle Boat Race" for non-team swimmers, the school was represented by Bridget Hughes, Penny Lazarus, Sally Letham, Susan Major, and Susan McCaig.

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited from medically qualified graduates for the post of **Senior Lecturer** in the Department of Microbiology at Guy's Hospital Medical School. Applicants with a strong background in Virology will be preferred. The holder of the post will be involved with teaching and research and will have an opportunity for clinical work. Application forms are obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1 and should be returned by **27th October, 1972.**

Implementation of Salmon Nursing Staff Structure
Senior Nursing Officer Appointments

At a Selection Committee held on 12th September, 1972, Miss E. Hodgson was appointed Senior Nursing Officer (Allocation) in the Education Division.

The following vacancies remain at Grade 8 level:—

Senior Nursing Officer, Operating Department.

Senior Nursing Officer, Medical Area.

both in the General Division of Guy's Hospital the latter post having fallen vacant with the promotion of the first holder to another Group.

Nursing Officer Appointments

I have pleasure in confirming the following appointments in the Guy's Group of Hospitals:

GUY'S HOSPITAL
(including Evelina Hospital)

Miss P. Asquith—Medical Unit (Hunts House)
Miss S. M. Bailey—Surgical Unit (New Guy's House)
Miss J. A. Baldwin—Renal Dialysis Unit.
Miss E. L. Barton—Private Patients Unit (Nuffield House)
Miss L. N. Bishop—Maternity Department.
Miss A. Brownbridge—Operating Department
Miss A. E. Crump—Paediatric Unit.
Miss J. E. Farnan—Night Administration, Medical Area.
Miss B. E. Faulkner—Outpatients/Accident and Emergency Department.
Miss F. L. Groom—Operating Department.
Mr. P. B. McCaffrey—Medical Unit (Hunts House)
Miss A. V. Moss—Psychiatric Unit (York Clinic)
Miss B. Rilstone—Night Administration, Surgical Area.
Miss V. M. Taylor—Surgical Unit (New Guy's House).
Miss K. H. Tweedily—Intensive Care/Cardio Thoracic Unit.

NEW CROSS HOSPITAL

Mrs. V. Alksnis—Night Administration.
Miss M. Deery—Divisional relief.
Mr. R. Dunney—Medical Unit.
Mrs. M. Goode—Surgical Unit.
Miss P. C. Pilgrim—Geriatric Unit.

ST. OLAVE'S HOSPITAL

Miss M. F. Hooper—Night Administration.
Miss A. E. Roberts—Medical Unit.
Miss S. Tippett—Surgical Unit.
Miss A. M. Duncombe—Psychiatric Unit.

DUNORAN HOME

Miss M. Sheppey—

EDUCATION DIVISION
(Group School of Nursing)

Five recently appointed nurse tutors join five already in post—
Miss I. Hearsey
Miss M. Parkins
Mr. P. Berriman
Mr. G. Bourne
Mrs. H. Hyde-White (Part-time)
Miss I. Cleghorn
Miss C. N. Grant
Mrs. C. Makins
Miss V. Pagett
Mr. C. Curtis

The following vacancies remain at Grade 7 level:
1 Relief Nursing Officer, Guy's Hospital.
6.5 Nurse Tutors, School of Nursing.

Chief Nursing Officer
21st September, 1972.

PASS LIST

EDINBURGH UNIVERSITY

Final F.R.C.S.
May 1972
Mrs. A. de Carteret Tate

BIRTHS

SCHOLEFIELD.—On 12th August, 1972, in Hereford, to Judy (née Craven) and Dr. Robert Scholefield, a second son, Oliver Dean.

CHANGES OF ADDRESS

Dr. and Mrs. J. Scholefield, The Steppes, Ledbury, Herefordshire.

Mr. and Mrs. David Foulds, "Danebury," 13, Montacute Road, Lewes, Sussex. Tel: Lewes 4755.

Christopher and Rosemary Hargreaves, 2, Church Close, Shapwick, Bridgwater Somerset.

Dr. and Mrs. E. Clayton-Jones, "Abbeville," Victoria Avenue, Woodhall Spa, Lincs. Tel: Woodhall Spa 52388.

Dr. and Mrs. Peter Gladders 81, London Road, Holybourne, Near Alton, Hants.

John and Madeleine McCormack, Studio House, South View Road, Pinner Hill, Middlesex. Tel: 01-866 3956.

Mr. Guy Blackburn and Dr. Christopher Hardwick, from 107, Harley Street, to 92, Harley Street. Tel: 935 2255 (unchanged).

Dr. and Mrs. Anthony Willems, Cross Lane, Farmhouse, Farndon, Newark, Notts. Tel: Newark 71268

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITORS T. B. BARNES and Miss I. H. DODD

NEWS EDITORS T. J. GOULDER and K. N. BULLOCK

SPORTS CORRESPONDENT P. CALVERT

NURSING CORRESPONDENT Miss P. M. JEFFERIES

BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2199

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

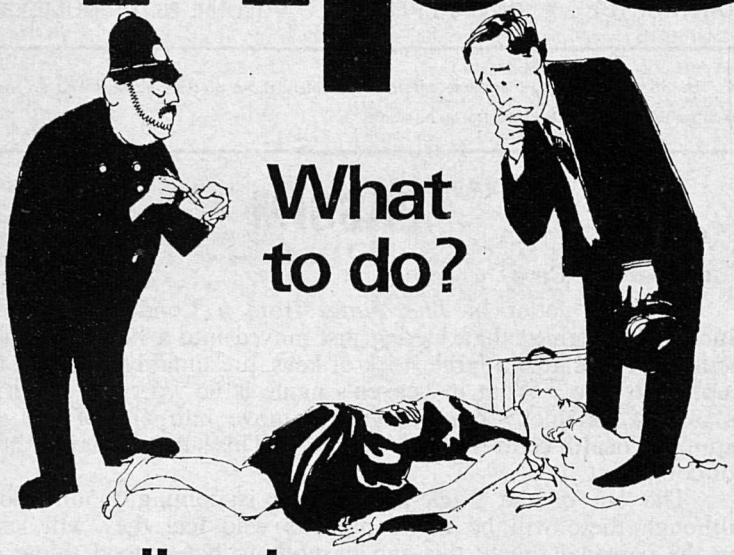
Total Patient Care

A recent letter in *The Times* from a London general practitioner complained that, having just moved into a new health centre, he has accumulated a large stock of keys, presumably to all the doors, cupboards, etc. What in heaven's name is he worrying about? He is one of the lucky practitioners to move into one of the newly-equipped health centres in this country. This surely is hardly grounds for complaint.

The era of the single-handed GP is coming to an end and, although there will be many patients who feel they will lose out on the personal touch, this can be nothing but a good thing. The health centre is the community medical care of the future. Ideally, one would envisage a centre containing doctors, dentists and all the essential paramedical staff (social workers, health visitors, etc.) in addition to facilities for simple, diagnostic, laboratory procedures. Getting these people together under one roof is all very well, but bringing about a suitable degree of co-ordination between them is something else. This does not necessarily happen of its own accord, so, like most things, the success of the venture depends upon the enthusiasm and responsibility of the people within it. They must also co-ordinate their activities with those of the ancillary aids (domestic helps, meals-on-wheels, etc.), to provide *total patient care*; a phenomenon which is non-existent in the NHS as it is now or, for that matter, as it will be beyond April, 1974. The onus of the task, therefore, rests on the attitude of the participants themselves.

One hears within hospitals so many criticisms of GPs for certain actions; it is not our job to comment on these points. But, equally, one hears GPs complaining about unrealistic regimes of treatment

mps



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on which patients are discharged from hospital without a word of explanation to the patient. Both parties obviously have a cause for grievance, so one must somehow improve the transfer of information between hospitals and GPs. The health centre will accomplish this if its organisers can persuade hospital consultants to spend a certain amount of time within their clinics. This way, we will have what almost amounts to a district hospital without beds; in other words, we will have taken the regional hospital off its "high horse" and put it among the community where it rightly belongs and where it is more urgently needed.

The new communities springing up around us are concentrated upon the family as a self-contained unit within the community and not as an extended unit with many members of the family spread over a small area. We can, therefore, sacrifice a little of the "friend-of-the-family" attitude that GPs have developed over the years and fill the gap with an equally warm but considerably more efficient service. The health centre will not run efficiently simply because the administration of the NHS does so, but only if the people working within it have sufficient commonsense and unity to make it work efficiently. We hear politicians so often talking of "taking government to the people" and doing nothing about it. At least let us take personal and community health to the populace and not sit in administrative ivory towers where the left hand does not know where it is itself, let alone what the right hand is doing. Actions, as the saying goes, must be made to speak louder than words. Only then will we be able to provide a complete system of health care for the general public and take the main burden off the hospitals which, in 20 years time, will almost have reached saturation point as far as volume of patients is concerned.

NEWS IN BRIEF

Student "Sign Ups"

On 1st June of this year a sub-committee, set up by the School Council to investigate the "sign ups" students receive after completing a clinical appointment, recommended that the present system (i.e. grading of students' ability and attendance from 1—5, five being the summit of excellence), should be maintained and added that "at the end of each appointment the consultant or his deputy should be prepared to tell his students the categories of their sign-ups or reasonable information as to the levels obtained".

This has consequently been introduced but unfortunately students have found that on going to the Medical School office they have not been able to obtain satisfactory information, the explanation being that the consultant should inform the student.

Hopefully, the present students who have just completed their clinical appointment will be better informed. If in doubt they should consult their senior staff.

Fine Music

The 12th October was the 100th anniversary of the birth of Vaughan Williams, the composer. Dr. Jack Fine, who was a student at Guy's from 1942-1948, recalls that in his day a Gramophone Record Society met at lunch-time in the Physiology Theatre. Dr. T. B. Leyton, who was at the time an E.N.T. Consultant at Guy's and an active member of the Society, one day introduced to the group his batman from the First World War. The charming old gentleman with a shock of white hair who then addressed the assembled doctors and students, was none other than Vaughan Williams!

"Tee for Two"

The final of the Guy's Open Golf Competition was played on Saturday, 14th October, at the Addington Course. The two finalists were Dr. MacLean and Mr. Stafford-Bell, handicapped at 16 and 5 respectively. Mr. Maynard was Dr. MacLean's caddy and Mr. Brain umpired the match.

Mr. Stafford-Bell won 4 and 3.

GUY'S DIARY

OCTOBER

23	M.	1.00	Clinical Lecture. Mr. BEWICK. "The Future of Organ Transplantation".
26	Th.	1.00	Clinical Lecture. Dr. McARDLE. "Cerebral Tumours".
27	Fr.	1.00	Clinical Lecture. Dr. MacLEAN. "The Pathogenesis of Cardiac Infarction".
30	M.	1.00	Clinical Lecture. Mr. MAYNARD.
31	Tu.	1.00	Clinical Lecture. Mr. LEWIS. "The Early Detection of Cancer of the Uterine Cervix".

NOVEMBER

2	Th.	1.00	Clinical Lecture. Dr. McARDLE. "Diseases of Basal Ganglia".
3	Fr.	1.00	Clinical Lecture. Dr. HOUSTON.
9	Th.	1.00	Clinical Lecture. Dr. MacKENZIE. "Vascular Disease of the Brain".
10	Fr.	1.00	Clinical Lecture. Dr. BURRY. "Clinico-Pathological Features of Rheumatoid Disease".
16	Th.	1.00	Clinical Lecture. Dr. MacKENZIE. "Meningitis, Encephalitis and Neurosyphitis".

All Clinical Lectures are held in the Anatomical Theatre and are open to any Guy's student.

POSTGRADUATE MEETINGS FOR OCTOBER, 1972

MONDAY, 23rd

12.30 p.m. St. Olave's Hospital—Staff Round in Conference Room.

12.30 p.m. New Cross Hospital—Clinical Meeting on Ward 9A.

1.00 p.m. Paediatric Meeting in Pre-Clinical Classroom.

1.00 p.m. Endocrine Meeting in Hunt's House Library.
Diabetes and Pregnancy—Dr. Nina Essex, King's College Hospital.

TUESDAY, 24th

12 Noon Haematology Department in Hunt Memorial Library.
Smith, Kline and French show on Feospan.

1.00 p.m. Lunch-time Meeting in Pathology Department, Medical Induction of delayed hypersensitivity and priming for antibody production by macrophage bound antigen—Dr. Robert Seegar, University College.

5.30 p.m. York Clinic Journal Club Meeting in Library.
Affective Psychosis—Dr. Abey.

WEDNESDAY, 25th

12 Noon Rheumatology and Rehabilitative Medicine—New Cross Rheumatology/Orthopaedic Surgery Case Conference.

1.00 p.m. The Current Status of Gold Therapy—Dr. R. A. Billings—in Nurses' Lecture Theatre.

1.00 p.m. Cardiac Department Meeting.

2.00 p.m. Department of Medicine Clinical Meeting in Hunt Memorial Library.

3.30 p.m. Department of Medicine Research Meeting in Hunt Memorial Library.
Effects of Anti-Thymocyte Serum on Conventional and Germ-Free Mice.—Dr. Cwynarski.

5.00 p.m. Department of Anaesthetics Meeting in Obstetric Lecture Theatre, 2nd Floor, New Guy's House.
Postgraduate Training in Anaesthesia—Dr. R. G. F. L. Seed.

THURSDAY, 26th

1.00 p.m. Respiratory Round in Hunt's House Library.

1.00 p.m. New Cross Hospital Postgraduate Meeting in Nurses' Lecture Theatre.

FRIDAY, 27th

8.00 p.m. Death and Complications Meeting in the Demonstration Room, Department of Surgery, 2nd Floor, New Guy's House.

1.00 p.m. Staff Round in the Clinical Lecture Theatre, 2nd Floor, New Guy's House.
Presenting Case : Professor J. R. Trounce—Liver involvement in Hodgkin's Disease.

SATURDAY, 28th

11.00 a.m. Neurosurgical Unit Conference at the Maudsley Hospital.

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If you'd like to know more about the advantages of training and practising with the Navy, let us know your age and qualifications. And we'll send you a booklet and tell you how to get an interview. Write to: Surg. Cdr. (D) G. J. Boyd, F.D.S., R.N. (26YA), Empress State Bldg., Lillie Road, London SW6.

RN ROYAL NAVY

MONDAY, 30th

12.30 p.m.	St. Olave's Hospital—Staff Round in Conference Room.
12.30 p.m.	Weekly Orthopaedic Meeting in Christopher Ward.
1.00 p.m.	Paediatric Meeting in Pre-Clinical Classroom.
1.00 p.m.	Endocrine Meeting in Hunt's House Library. Idopathic Oedema—Dr. O. M. Edwards, Adderbrooke's Hospital, Cambridge.
12.30 p.m.	New Cross Hospital Postgraduate Meeting in Nurses' Lecture Theatre.

TUESDAY, 31st

12 Noon	Haematology Department Meeting in Hunt Memorial Library. The evaluation of Laboratory Function—Dr. D. G. Chalmers (Addenbrookes).
1.00 p.m.	Lunch-time Meeting in the Pathology Department, Medical School. Immunopathology of virus diseases—Professor C. A. Mims.
5.30 p.m.	York Clinic Journal Club Meeting in Library. Stress and Disease—Dr. Mubbasher.

NOTICES

GUY'S HOSPITAL SOCIETY.

BOURNEMOUTH AND WESSEX.

The Seventeenth Annual Dinner of the Society will be held on Friday, 3rd November, 1972, at the Anglo-Swiss Hotel, Gervis Road, Bournemouth.

Mr. C. G. R. Palmer will be in the chair.

The Committee was delighted with the excellent attendance last year and hope for an even greater response this year at the new venue.

The Guest of Honour will be Mr. J. W. Mansie, who is looking forward to meeting a lot of old friends.

The dinner will be at 8.15 p.m., preceded by the Annual General Meeting at 7.30 p.m. Dinner Jackets will be worn.

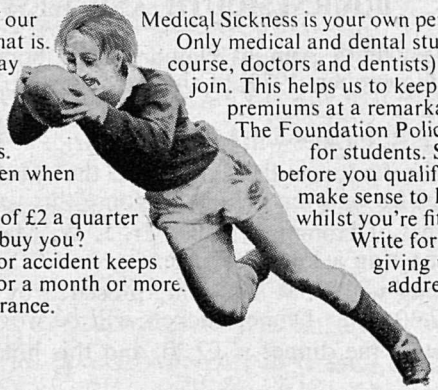
The cost of the dinner is £2.20, and this hotel always provides a good meal.

You may bring medical or dental guests.

If you will be attending, please notify Mr. E. H. Archard, 1, Beechwood Avenue, Boscombe, Bournemouth, Tel. Bournemouth 33077, as soon as possible, and not later than Friday, 27th October. It would be helpful if members would remit their annual subscription of 50p at the same time. Please include names of guests to assist in the seating arrangements.

Even if you break your neck, it needn't break you.

Not if you have one of our Foundation Policies, that is. For a little over 2p a day it will cover you against accidents of all kinds. Even those violent sporting clashes. And you're covered even when you are abroad. What does a premium of £2 a quarter (or £8 a year) actually buy you? £10 a week if sickness or accident keeps you away from work for a month or more. Plus £1,000 of life assurance.



Medical Sickness is your own personal society. Only medical and dental students (and, of course, doctors and dentists) are eligible to join. This helps us to keep our costs and premiums at a remarkably low level. The Foundation Policy is especially for students. So you qualify before you qualify. Wouldn't it make sense to have one now, whilst you're fit and healthy? Write for details today, giving us your name, address and date of birth.

Medical Sickness Society

7/10 Chandos Street, Cavendish Square, London W1A 2LN. Telephone: 01-636 1686

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THE MEDICO-LEGAL SOCIETY

This Society continues to flourish in its 71st year of existence. In the season 1971-1972 notable papers included *R. v. Kray and others*, by W. M. F. Hudson, Q.C.; Sex Determination, by Mr. Justice Ormrod; and Obscenity, a Semi-Science, by Lord Goodman. In the forthcoming season there will be papers on Euthanasia, by Professor Glanville Williams; interrogation, by Cyril Cunningham; and on two unnconnected trials for one murder, by Sir Norman Skelhorn.

Meetings are held at the Royal Society of Medicine, Wimpole Street, on Thursdays at 8.15 p.m. Members of the medical, legal and allied professions who are interested in joining the Society should write to J. F. Barnes, 1e Brasseur and Oakley, 71 Great Russell Street, London, W.C.1.

BLUES COMMITTEE

A meeting will be held on Tuesday, 24th October, in the East Wing Committee Room of all Full Blues to elect a Blues Committee for the following year.

Recommendations for the award of half and full blues should be submitted to the Blues Committee Secretary, before this date.

I. MACKENZIE,
Secretary, Blues Committee

KEN WEBBER AND HIS BAND

on FRIDAY, 3rd NOVEMBER, 1972.

They are a 17-piece band playing among other numbers the Glenn Miller type music from 9 p.m. to midnight for the pleasure of your listening and dancing.

We shall be making a small charge of 30p entrance fee and the total receipts from these will be given to the Cancer Research Fund at the request of Ken Webber.

There will be an additional Bar upstairs in the North Common Room with an extension until 11.45 p.m.

By supporting the Cancer Research Fund you can have a most enjoyable evening for 30p.

"DENTAL SOCIETY—PASSING THOUGHTS"

Fifth year Dental students are now taking, or preparing to take, their final exams and in this article we include some notices of interest to them :—

1. Copies of a table which the Department of Health and Social Security have produced, showing the distribution of practitioners in the General Dental Service, are now available from the Secretary of the Dental Society. These will be of use in deciding where in England and Wales there is the greatest need for their services.

2. Copies of the B.D.S.A. House Officer Appointments Booklet are now on order and will be available from the B.D.S.A. Representative for Guy's—Michael Morris.

3. A warning from the General Dental Services Committee has been received, advising practitioners not to accept employment on a "contractor" basis in health centres. More details available from the Secretary.

4. The Medical Protection Society is holding a ONE-DAY COURSE for Final-Year Students, entitled "Now—To Practice" on Friday, 8th December. Matters to be discussed will include "Entry into General Practice", "Dentistry within the N.H.S.", "The Dental Estimates Board and the General Practitioner", "The Public Health Service", "Ethical and Legal Problems" and "The Future of Dentistry".

Visiting Lecturer to the Dental School

Dr. Gerald Kowitz, D.D.S., from U.C.L.A., gave a lecture on Tuesday, 12th October, on "The Effect of Dentifrices on Oral Tissues". The majority of dentifrices are made within certain standards, containing abrasives, detergents, flavouring and therapeutic agents. They can, however, elicit hypersensitive reactions in sensitized individuals. Thus, adequate standards must be developed to evaluate *any* dentifrice component, not just those reported to have therapeutic value. Clinical and laboratory studies should test safety of components on hard and soft tissues, as well as their efficacy.

Dental Society Meeting—Presidential Address

Mr. J. W. Mansie, President of the Dental Society, gave a most amusing talk on 12th October, the start of the fortnightly meetings for 1972/73. His history of "Difficult Cases" spanned almost 50 years —from the parochial days of Guy's, when patients in the Borough were visited on one's bicycle; when General Anaesthetics consisted only of Chloroform and Ether and when Consultants wore morning dress.

Date of next Meeting : TUESDAY, 24th October, 5.30 p.m.

DENTAL LECTURE THEATRE

"STUDENT COMMUNICATIONS"—On Exchange to America by K. MOSELEY, N. McLEOD, T. HUDSON, M. SCHALLER; including slides and film.

Also remember to buy your tickets for the DENTAL SOCIETY BALL. £7.50 per double; 4th November, GROSVENOR HOUSE.

Available from S. Smart and H. Thomas (East Wing and Dental Department).

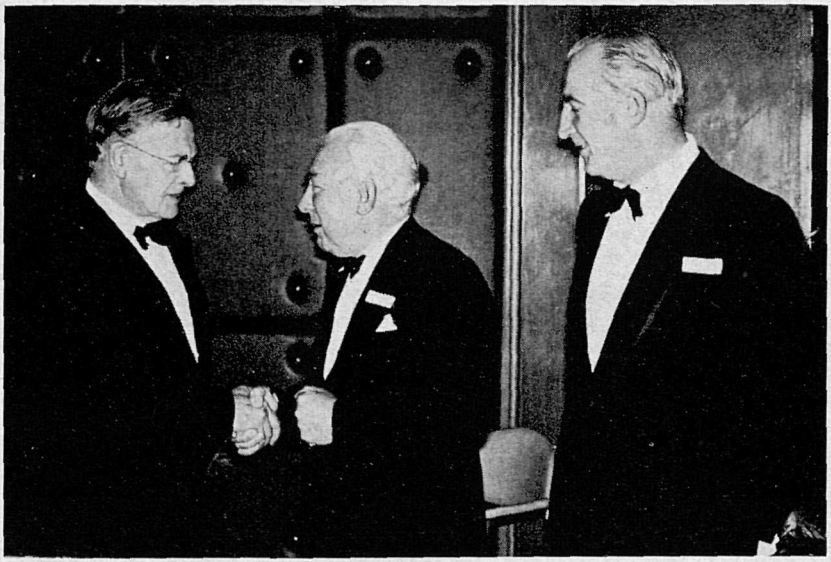
See you there.

Margaret Hooley, Hon. Sec.

Biennial Dinner, 1972

The Guy's Hospital Biennial Dinner of 1972 took place on Friday, 6th October, at the Connaught Rooms, Kingsway. Over 450 Guy's men and women were present and enjoyed a delightful meal and happy reminiscences together. Guests ranged from doctors who qualified only this year, to our "oldest inhabitant", C. Ripman, who qualified in 1907 and is still very active. Dr. Ripman at the age of 93 can be forgiven for no longer practising, but he was a cheerful and alert diner at the top table.

The Chairman, Mr. R. J. Cann, was toasted by Sir Hedley Atkins, who expressed his (our) grateful thanks for the evening's activities. Mr. Cann promised not to speak at length, pointing out that in the previous dinners as many as 15 different orators rose to their feet in one evening, the dinner being also punctuated with "musical interludes"! He commented on our pride at having present as guests two recent Presidents of the Royal College of Surgeons (Sir Hedley Atkins and Lord Brock), and Cyril Clarke who is of course the present President of the Royal College of Physicians. He also mentioned the *Gazette* and the fact that this year we celebrate our Centenary—the first *Gazette* appeared in 1872—and he spoke of the "Guy's Hospital Reports", which worthy publication is hoping for contributions of papers by Guy's men not necessarily still attached directly to the Hospital Staff. Finally, Mr. Cann gave hearty thanks to Mr. F. N. Glover—the Honorary Secretary of the Biennial Dinner—whose hard work and enthusiasm for many months made this year's Biennial Dinner a delicious and resounding success.



Chairman, Mr. Cann, shaking hands with Mr. Gibberd, with Mr. Glover (Hon. Sec.) in attendance.

Sensodyne introduces the Sensodyne Softex toothbrush for complete hypersensitivity treatment.

Patients suffering from hypersensitivity often neglect oral hygiene simply because brushing hurts too much. Now Sensodyne can break this pain/fear/neglect cycle, whether the hypersensitivity is associated with gingivitis, periodontitis, surgical exposure, erosion, or other dental conditions.

The Sensodyne Softex brush, used in conjunction with Sensodyne tooth-paste, makes brushing teeth a pleasure again. The toothbrush has specially rounded tufts—no sharp points to scratch or injure gums. The tufts are close packed to give the most efficient cleaning action.

The head of the brush is short and narrow, making it easier to brush properly and clean all parts of the teeth. And there's a special tip of natural rubber for extra gum massage between the teeth.

Sensodyne tooth-paste is specially made for the adjunctive treatment of hypersensitivity. It contains strontium chloride, a unique therapeutic agent with a cumulative de-sensitising action. The more your patient brushes with Sensodyne, the less it hurts, so the habit of regular brushing is quickly regained.

The Sensodyne Softex tooth-brush and Sensodyne tooth-paste used together give the complete treatment for sensitivity sufferers.

STAFFORD-MILLER
Quality products for dental health

Pathogenesis and Pathophysiology of Post-Traumatic Pulmonary Fat Embolism

Kanit Muntarbhorn

Theories in Pathogenesis

(1) Emboli originate from traumatised adipose tissue, particularly from the bone marrow. "Mechanical theory".

(2) Emboli are formed by alteration in the natural emulsification of fats in the blood as the result of trauma, leading to the formation of larger droplets of fat. "Physiochemical or sludging theory".

(3) Stress and trauma somehow cause the release of Free Fatty Acids (FFA) from the adipose tissue; these FFAs go through a chemical change resulting in the formation of emboli.

Theories in Pathophysiology

1. Mechanical—immediate occlusion of pulmonary vascular bed. This leads to mechanical damage of pulmonary vessels; and if of sufficient size can give signs of acute cor pulmonale due to obstruction of major vessels. There should be an increase in the right atrial and pulmonary arterial pressures as well as an increase in the physiological dead space. This can given rise to haemorrhage, alveolar wall damage, atelectasis, hypoperfusion and perhaps platelet deposition and fibrin formation.

2. "Sludging" in the Microvasculature—

   Tissue injury alters the flow properties of blood:

   (a) Aggregation of platelets, red blood cells and chylomicrons;

   (b) Influencing the flow rate of red blood cells in post-capillary venules. Tissue injury diminishes the tissue perfusion resulting in hypoxia.

3. Free Fatty Acid Theory—

   (i) Neutral fat emboli in small arterioles and capillaries are broken down by lipase : one of the end products is FFA.

   (ii) Neutral fat emboli become coated by platelets which, on breaking down, release vasoactive amines, e.g. serotonin or 5HT : serotonin has many actions resulting in hypoxia.

FFA is very toxic. 1. It disrupts alveocapillary membrane. 2. Curtails the activity of lung surfactant and so alveolar collapse, atelectasis. oedema and haemorrhage follow. 3. Produces mechanical block in copillaries (then diffusion block and arterio-venous shunt).

4. Intravascular Coagulation—

(i) Trauma . . . tissue thromboplastin release . . . activation of intrinsic clotting . . . platelet aggregation, fibrin deposits, release of 5HT . . . increase in pulmonary resistance . . . hypoxia.

(ii) Trauma . . . release of catacholamines . . . lipid mobilisation . . . platelet aggregation, fibrin deposits, release of 5HT . . . increase in pulmonary resistance . . . hypoxia.

5. Catacholamines and FFA—

Injury . . . release of catachoamines which directly or indirectly (via lipase) metabolise the fat emboli . . . FFAs are produced.

Pathogenesis

Theory 1 "Mechanical theory"

Kerstell in 1971 showed that pulmonary fat emboli triglycerides have a fatty acid composition very similar to that of bone marrow; this was done by the use of gas-liquid chromatography.

Arnim and Grant in 1951 demonstrated bone marrow emboli in lung capillaries after fracture of long bones in experimental animals.

These undoubtedly support this theory but there are also some contrasting evidences: —

(i) Warthin in early 1900's measured the total amount of fat in the lungs and compared that to the total amount of fat contained in the marrow of long bones (post-traumatic fat embolic state), and found that embolic fat content far exceeded the content of the injured bones. There is still some doubt about the accuracy of this study.

(ii) Hillman and Lequire recently analysed the lungs from autopsy specimens chemically and demonstrated up to 10-fold increase in cholesterol content in emboli compared to that of marrow.

(iii) The syndrome of fat embolism has been found in other conditions:

e.g. poisoning
alcoholism
severe burns
sickle-cell crisis
and renal transplantation.

Considering that destruction of bone marrow by using a wire introduced into the marrow cavity (Busch) has caused fat embolism without a fracture, and, that coloured fat has been shown in the lungs as the consequence of injection of coloured oil into marrow, this theory must remain a possibility. The entry of fat globules into the circulation might be the direct passage of free fat into the open ends of severed veins.

Theory 2 "Physiochemical or sludging theory"

Lehman and Moore proposed this theory after they had found, *in vitro*, that ether could produce aggregation of chylomicra with the formation of fat droplets. This has been observed in serum after addition of Cl. welchi toxin due to its content of lecithinase, acting on the lecithin surface layer of particles of lipids. Thus, it is possible

for fat droplets to be formed from the blood as the consequence of the changes in the physical state of the blood and some of the conditions which are accompanied by changes in the physical state of blood are:

(i) intravascular aggregation of red cells
(ii) platelet adhesiveness in hyperlipaemia
(iii) fibrin thrombosis

Tissue injury may alter the flow properties of the blood resulting in the three conditions mentioned, perhaps by the decrease in the tissue perfusion; or, on the other hand tissue injury may trigger off the acute metabolic response due to the stress of the injury and directly affects the red cell aggregation, the platelet adhesiveness, and the fibrin formation, before the "sludging effect" takes place.

Kerstell found there was not any significant contribution of radioactive C14 lipids from the chylomicrons to the emboli (the C14 lipids were administered to the dogs three hours before the fracture). This does not support this theory. Though this theory is physiochemically feasible, there is still some need for further studies.

Theory 3 "Free fatty acids theory"

Hillman and his colleagues have supported the concept of fat droplets arising from FFA as the response to stress of the trauma by the significantly higher level of cholesterol in the emboli when compared to the level in the marrow. Cholesterol can obviously be formed from FFA. Catacholamines are released as the response to stress; an excessive urinary excretion of these amines, has been noted in the patients with the fracture of the femur. These amines are capable of freeing FFA from adipose tissues of the body. FFAs accumulate during the period of hypoperfusion (shown in shock), particularly in the lungs and other organs like the liver. At this site, they may be taken up by low-density lipoproteins and are synthesised and released into the blood stream.

However, extirpation of the two organs which had the means to synthesise and release triglycerides into the blood stream in the form of lipoproteins, which were the liver and the intestine, did not prevent formation of emboli in dogs. Also, labelled FFAs were not found to be incorporated in the emboli during a rapid phase of FFA mobilisation. This weakens this theory though one must bear in mind that triglyceride synthesis from fatty acids can occur at other organs as well. This theory is still open to dispute.

Pathophysiology

Mechanical obstruction and sludging

In a post-mortem study of fat emboli in microcirculation, it was observed that mechanical obstruction of vessels was important in producing tissue damage. Furthermore, introduction of triglycerides into dogs demonstrated a complete occlusion of a pulmonary artery by means of a perfusion scan. The parenchymal damage was characterised by ventilation perfusion inequality and increased right-to-left shunt. Sludging might occur at the same time enhancing the damage by forming larger emboli. The toxicity of emboli in the mechanical sense is a function of their viscosity.

One cannot ignore the sizes of fat globules, which normally measure 1 to 10 microns; and larger globules, measuring 15 microns upwards even to 50 microns, have to try to pass through the capillary bed where the narrower limits measure less than 10 microns. Some of the larger ones manage to pass through and some do not. How does this occur? Whatever the mechanism, two of the most important factors must be the hydraulic pressure and the size of the emboli. Are the larger ones more harmful? Do they break down and later reform?

The mechanical and sludging phase must merge and/or combine with the chemical phase at some stage, if it does at all.

Chemical phase

(a) It seems that the chemical phase takes place after the mechanical obstruction, as shown by Shannon-raised level of serum oleic acid in dogs (oleic is a FFA). Another experiment has shown sharp increases in the FFA and lipase activity in the lungs of rats. There is still some doubt about the raise in serum lipase but there is little doubt about the raise in FFA level. Embolic neutral fat somehow gets hydrolysed either by stress reaction (catecholamines) or by lipases : this becomes FFA. Some FFA may come from systemic depots as the result of the stress of the injury. Which is the major contributor is not known. FFA is lethal and is seven times more toxic than neutral fat; FFA is very toxic to parenchymatous cells, leading to disruption of alveolar-capillary membrane, and, for some reason, curtailment of the lung surfactant activity. Surface tension measurements have shown reduction of surfactant in the embolised lung.

(b) The role of surfactant is of vital importance: the causes of the reduction surfactant activity may be :

(i) local hypoperfusion of pulmonary capillaries (mechanical block)

(ii) direct contact between neutral fat and FFA and lung surfactant (chemical effect)

(c) Coagulation:

Infusion of fat emulsions has been observed to cause intravascular aggregation of blood cells (hyperlipaemia also shows this characteristic). Experiments in dogs have indicated the aggregation of platelets following trauma. This is mainly attributed to the stress since the number of megakaryocytes in the pulmonary bed is increased after surgical procedures and since adrenaline can increase the number of megakaryocytes in lungs of rabbits. The great affinity the platelets have for beads coated with oleic acid coupled with the thrombocytopenia suggests that platelet aggregation and the platelet coating of the emboli may be a vital factor in solving this mystery. Since serotonin can increase platelet aggregation, it might be responsible for the clumping as well as the sequestration and the breakdown of large numbers of platelets in the lung. Serotonin release might be the functions of platelets entirely in this condition.

Serotonin; possible actions

(i) platelet aggregation

(ii) bronchoconstriction.

(iii) vasoconstriction (pulmonary venous)

(iv) passive congestion of pulmonary capillary bed.

Shock

Changes in blood flow through the lungs in hypovolaemic shock cannot be ignored.

(i) an increase in pulmonary vascular resistance (compensatory)
(ii) uneven distribution of pulmonary circulation and ventilation
(iii) hypoperfusion of portions of lungs.

A similar pathological picture has been seen when comparing a "shock" lung to an "embolic" lung. This might be due to the breakdown of alveolar-capillary membrane in both conditions, the toxic effects of FFA might therefore be common to both conditions. This strengthens the concept of stress playing an important rôle in producing FFA indirectly and later, alveolar-capillary damage.

Shock is probably a minor factor in the deadly consequence of fat embolism as long as the volume of blood loss is of a rather small magnitude. The main effect of shock is perhaps only during the early stage of fat embolism. Hypovolaemic shock may be responsible for the release of catacholamines.

Catecholamines and FFA

Dogs, infused with norandrenaline, have shown extremely high levels of FFA (sometimes as high as 1,500 micro Eq per L in blood of patients after severe injury or shock). Stress can raise the level of FFA by direct action of catecholamines or neutral fat from various "adipose" sites. The pathway to toxicity is shortened?

Normal levels of FFA do not have toxic effects. FFA are bound to albumin in the blood normally. Does this imply that FFA becomes very toxic when excessive quantities are produced and when they are not bound to albumin?

General Conclusions on Pathogenesis and Pathophysiology of Fat Embolism

It is very difficult to make general conclusions on the pathogenesis, all that can be commented in my opinion are :

(i) emboli are formed mainly from the bone marrow; "mechanical" seems the most likely cause
(ii) sludging might induce enlargement of the pre-existing fat droplets
(iii) the primary and main site to be affected by the emboli is the lung
(iv) FFA theory appears to be too vague at the present.

As to the pathophysiology—

(1) Mechanical obstruction of the pulmonary vasculature plays a major rôle in the pathophysiology of this condition, at least in the initial stages. Emboli cause respiratory inefficiency as well as direct mechanical destruction of the alevolar wall resulting in the release of enzymic contents from the cells in that region. Perhaps this is how lipase escapes from the pneumocytes, initially anyway. This is a possibility of how a mechanical phase becomes a chemical one.

(2) Hypoperfusion is not entirely due to mechanical obstruction : there are some other factors :

(i) FFA toxicity . . . mechanical block in capillaries;
(ii) Serotonin, released from the platelets coating the emboli and other platelets as the result of trauma . . . . vasoconstriction and passive congestion;
(iii) Intravascular coagulation.

(3) Stress (catecholamines) and FFA cause the reduction of surfactant activity, and this only leads to a greater likelihood of the alveolar-capillary membrane becoming damaged by fat emboli.

(4) Shock seems to have a minor rôle, and whatever rôle it has the main effects are via the action of the catacholamines.

(5) Platelet aggregation and the release of vasoactive amines as the result of trauma supplement and aggravate :

(i) The hypoperfusion;
(ii) The accumulation of FFA, and, therefore encourages alveolar-capillary membrane damage.

(6) The chemical factor most likely to influence the raise in serum lipase is the adrenaline, released, in response to stress rather than serotonin (—perhaps a carcinoid patient with fat emboli would clarify this further!) More FFA should be produced, the greater the lipase level.

(7) The toxic effects of FFAs on capillaries and alveolar walls together with the decrease in the lung surfactant activity lead to the characteristic oedema, haemorrhage, atelectasis and finally hypoxia.

Drug Therapy

The following drugs will be discussed:—

Alcohol
Corticosteroids
Heparin
Dextran
Clofibrate

Alcohol

Herman introduced ethyl alcohol in 1933 and considered its functions as an emulsifying agent. Some other workers, namely Pipkin, Peltier and Gonsk have shown favourable attitudes towards the use of alcohol in D_5W (Dextrose 5 per cent in water). Peltier regards the action of ethyl alcohol as a lipase inhibitor and he has shown this *in vivo* though he is still uncertain about its beneficial effect on the prognosis of patients with fat embolism. There are many authors who have had no success with alcohol, namely Morton and Kendall.

Peltier in 1961 did experiments on 24 hairs : lethal amounts of neutral fat was injected and, one hour later, was followed by alcohol in D_5W. Only 2 died within 3 hours but all showed varying degrees of dyspnoea and cyanosis, showing pulmonary obstruction.

Speculative actions of alcohol :

(i) lipase inhibitor
(ii) suppresses the rise of serum lipase
(iii) as an emulsifying agent
(iv) vasodilatory effect.

Corticosteroids

In 1966, Ashbaugh noticed dramatic improvement in 2 patients who were treated with corticosteroids. He thought that corticosteroid acted as an anti-inflammatory agent inhibiting the toxic effects of FFA. Fischer *et al* from MGH reported in April, 1971, that remarkably favourable results were achieved by using corticosteroids (methyl prednisolone sodium succinate) as the main form of treatment in 11 out of 17 patients—the 11 patients were the ones with more severe form of fat embolism.

These were some of the results :—

(i) lowering of the pulse rate within 12-24 hours
(ii) earlier improvement of pO_2—within 8 hours of the administration of steroids, when compared with the general improvement without steroids—this usually occurred within 12-24 hours
(iii) improvement in X-ray pictures between 24-48 hours (less fluffy "snow-storm" densities after a shorter period).
(iv) quicker improvement of compliance after 48 hours.

Fisher's findings were certainly encouraging for the steroids-advocaters. This was further enhanced by Peltier's experiments, in which the death rate in rats treated with steroids was 5 per cent compared with 40 per cent in untreated rats. Microscopically, less engorgement and haemorrhage were found in the treated than in the untreated. However, the rats were pretreated with steroids, unlike the clinical situation : the results here are therefore not completely infallible.

Moreover, recently Riseborough has treated over 20 patients with high doses of corticosteroids plus O_2 and volume therapy; he has had no death.

Dose—125 mg of Prednisolone stat
80 mg of Prednisolone 6 hourly

Possible actions of corticosteroids

(i) anti-inflammatory properties—may be by lowering the permeability of cell membrane to toxic product and therefore preventing or reducing the access of FFA into the endothelial cells
(ii) improvement of the vascular tone—counteracting the vasconstrictive effect of the amines
(iii) by reducing serum lipase?

Heparin

Cobb as well as Sage thought that heparin might have "clearing" effect if used in doses below anticoagulant doses. Encouraging reports are lacking both clinically and experimentally.

The present views on the actions of heparin are

(i) stimulation of lipoprotein lipase and thus producing breakdown of fat emboli (if the FFA theory is correct, then this would be harmful rather than beneficial).

(ii) prevention of platelet aggregation and this should reduce the release of platelet amines (this appears to be a much more important effect)

Ross has written an unfavourable report on heparin, in which he found a great death rate in rats which were treated with heparin. The use of heparin is still very vague and more work is required.

N.B. Heparin might cause greater haemorrhage and this can only deteriorate the condition.

Dextran

After Lewis and Pappas had given lethal doses to rabbits (1.1 cc of homologous rabbit fat/Kg.), they treated the rabbits with low molecular weight dextran (LMWD) and found that LMWD was of no value in the treatment of fat embolism.

The rôle of dextran is thought to increase the blood volume and so at the same time reduce the viscoscity by simply diluting the solute concentration. The action might lessen the aggregation of cellular elements by volumic reduction of the concentrations of red blood cells and platelets.

Clofibrate

The pharmacological action of clofibrate is to lower elevated serum triglycerides and cholesterol levels by its effects upon low-density β-lipoproteins. With this action in mind, O'Driscoll has tried clofibrate on post-traumatic patients and it appears to have diminished both lipaemia and fat embolism. No other work has confirmed this.

How much clofibrate can help the prognosis of fat embolic patients is still a matter for dispute.

Treatment of Fat Embolism

Respiratory Support

Respiratory support is required in any patient with pO_2 of less than 60 mm of Hg. Survival of the patient depends on this essential and vital therapy. To prevent a marked shift in the haemoglobin dissociation curve, one should try to maintain arterial pO_2 between 60 and 80 mm of Hg. In order to do this measurement arterial blood gases and close control of the respirator and O_2 content are necessary.

80-100% O_2 given via mask, endotracheal tube, tent, tracheostomy } as required

Volume respirators are preferred to positive-pressure ones because of the need to overcome hypoxia, but in view of the fragility of the embolic lung, the positive-pressure ones might be better.

Hyperbaric oxygenation is of possible value, though there has not been any report indicating its advantageous use. Over 350 mm of Hg., oxygen produces fatal pulmonary injury in 2-6 days (oedema, haemorrhage, congestion and consolidation of lungs). Oxygen toxicity can prove to be very hazardous; even 100% O_2 therapy for prolonged periods, e.g. over four days, coupled with mechanical ventilation, can produce a reduction in surface-tension lowering effect (direct effect on surfactant?), alveolar and interstitial oedema, and alveolar lining hypertrophy.

Hypovolaemic Shock

Loss of blood and fluid into the tissues around the site of the fracture is often underestimated.

Estimations have been made.

‡ of Tibia	0.5—1.5 litres
‡ of Femur	1.0—2.0 litres
‡ of Pelvis	1.5—4.5 litres

The correction of this loss should be estimated and made as soon after the ‡ as possible.

If this period of shock is unnecessarily lengthened, hypoperfusion and the release of catacholamines may become very prominent in the damaging effects of fat emboli.

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Cortico-Steroids

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NURSING

Hospital Food

Mr. Egon Ronay has recently issued, amidst a storm of publicity, his "gourmet's guide" to hospital food. Unfortunately for those most concerned with patients' meals, this report made very dismal reading, and provides a salutary warning against complacency about the standards in hospitals. Very few of these institutions were found to be serving food of an acceptable standard, and although one might beg to differ with Mr. Ronay over certain statements, the major part of this book should be considered seriously.

Most people dislike criticism, but that which is offered on a purely objective basis, by persons who are adequately trained and experienced, about so important a subject, can surely be nothing but beneficial.

Anyone who has either been a patient in hospital, or who has close contact with such people, is well aware of the importance to them of meals. The daily routine is structured around these points, and they are often the only relief from hours of boredom. If, then, these focal points of the day subsequently prove to consist of ill-cooked, carelessly served, poor quality food, the disappointment must be grave.

Good food is important to the welfare of the sick, whether or not they require a special diet. Well balanced meals, however, should provide the vast majority of needs. In fact if these were supplied more generally the makers of the various powdered protein supple-

ments would probably find their profits drastically cut. In fact, these methods of supplying protein are not only unimaginative but also unpalatable and indicative of laziness on the part of staff. Moreover, in most instances their use is totally unwarranted, and merely increases hospital expenses.

The psychological effects of food are also worthy of consideration. Everyone is aware of the effects upon one's mental state when meals are continuously of poor quality. Surely this factor is even more important when sick people are to be considered. Furthermore it is a physiological fact that the secretion of gastric juices is stimulated by the smell and sight of food, as is the appetite.

It seems an unfortunate paradox that the very institutions which profess to have the knowledge of, and which presume to render advice to the public on their eating habits, are, for the most part, incapable of providing adequate diets. Unfortunately, though, the public are too apathetic to complain and the recent report, although making headline news, will within a few weeks be forgotten by many. The only way to establish change is to keep the criticism constant. It is doubtful whether any radical changes can be envisaged in this case.

Nurses in the Community

The B.B.C. have prepared for broadcasting a series entitled "Community Care". The series is broadcast on Wednesdays at 7.10 p.m., and began on 4th October, 1972, on Radio 3, and will be repeated on Thursdays at 6.50 p.m., beginning on 5th April, 1973. It is designed to be of interest to all those who are professionally involved in social welfare and health services within the community as well as nurses training in "community care". The whole series is divided up into four units, each dealing with a different aspect of the problem.

Unit 1 : HEALTH AND SOCIETY.

Five programmes examing the ways in which the health of the community is promoted and maintained, both nationally and locally. The series will consist of an introduction followed by programmes on primary, secondary and tertiary prevention and community health teams.

Unit 2 : THE PATIENT AT HOME.

Seven programmes to increase the nurses' awareness of the importance of attitudes and social skills (as distinct from clerical skills), the desirability of communication with the patient and the availability of services within the community. Each programme will use a case study to illustrate the point under discussion.

Unit 3 : MENTAL ILLNESS AND HANDICAP.

Eight programmes to illustrate the machinery available for the mentally ill and handicapped in a way that reflects modern nursing techniques. Again, each programme will consist of a case study to stress the salient points.

Unit 4 : CENTRES FOR SPECIAL CARE.

Five programmes to examine the function of centres which

specialise in particular services for the community. These will consist of documentary-like programmes, one for each of the five types of centre.

The object of the series *in toto* is to introduce as many aspects as possible of "a community care" to the hospital nurse as well as the community nurse, thus broadening their outloook on health care as a whole and encouraging them to view the patient as a social, environmental and medical problem rather than as simply a body occuping hospital space or bed-ridden at home.

CORRESPONDENCE

Take In Take Off

SIR,—I have just received the surgical take-in rota for the next three months, and it seems there is the same random allocation of duties as there was on the medical firms in the past three months.

Then, frequently, students were on take-in for the weekend immediately preceding a residential week or fortnight in a peripheral hospital, thereby destroying one of the main values of take-in—namely that one can follow the progress of a patient from admission to discharge.

Now I find that on my next firm one student is allocated two days of take-in, whilst another receives 11 days. Furthermore, the three students set to do the most days on take-in are down for 28 days between them, whilst the three with the least have only eight days between them. (The average is 5.7 days per person.)

Does this suggest that the take-in rota does not provide a valuable aspect of clinical experience, and, as such, should be allocated evenly?

Yours faithfully,

East Wing,
Guy's Hospital,
London, S.E.1.

ANTHONY NICHOLLS

Dramatic Ending

SIR,—I am interested in drama. Why, I don't know, but I like to think I have some evidence. When I was about four years old my parents took me to see "South Pacific" on the stage. I can remember seeing a "wigwam" and I remember which side of the stalls we were sitting on. At the end of the performance, despite the happiness in the musical, I cried. After this my parents often took me to the theatre, but they did take one precaution. They always told me when the performance was going to end so that I didn't cry.

On 3rd July, 1972, the Guy's Hospital Theatre Club held an Extraordinary General Meeting. They were voting to pass a motion which would mean that the Annual General Meeting would be held then and there. Approximately 10 members of the Club attended, one member of the Committee was absent without apology. The members of the Club were almost out-numbered by the guests. The motion was rejected by the members, who were the only people entitled to vote on such a motion. Members are defined as members of the Club's Union and these are the past and present students of the Hospital. In the Theatre Club non-members of the Club's Union may take part in the Club's activities as guests. Guests cannot vote but representatives of the guests serve on the committee as non-voting members.

In the next few weeks the Theatre Club will, I hope, in accordance with its present constitution hold an Annual General Meeting. In view of this I should like to ask interested members and guests of the club the following questions :—Has the present Committee managed the business of the club effectively? Will the next Committee fulfil this function? What are the articles

of the constitution of the Theatre Club? I feel it is unlikely that you will be able to answer all these questions. Therefore, I hope that you will all see the importance of your attendance at the A.G.M.

The Theatre Club likes to think of itself as the leading socio-cultural society at Guy's. If the attendance figures of the E.G.M. are repeated at the A.G.M. I, for one, will cease to believe this. If the performances of the Theatre Club end I may well be brought to tears again.

Yours hopefully,

ROBERT H. M. WILLIAMS

East Wing,
Guy's Hospital,
London, S.E.1.

Chinese Checkers

SIR,—I wonder if you would be so kind as to let us know the reference and authorship of the Chinese proverb quoted in Michael Simpson's article "A peculiar kind of dead".

We are all feeling rather like baitless hooks swaying over the river, having searched fruitlessly through the works of Confucius, Lao Tzu, Mencius Mo Ti and many others for what seems at first sight a most un-Chinese proverb.

The trouble is that unlike the "Confucius he say" kind of proverb which he never did say, this one does seem to be vaguely familiar.

Mao Tze-tung's little red book does not quote this very elusive proverb; the one Chinese writer and poet to whom one would look for such a saying so in line with his thought.

In wandering through Lin Yu-Tang's works one only finds nothing but praise for idleness and worldly inactivity.

That this line of thought should proceed from one of the most industrious nations of the world always seems an enigma until equated with their spirituality.

Intrigued,
With metta,

O. B. BALEAN

Harcourt,
13, The Ridgeway,
Chatham, Kent.

Classical Gas

SIR,—What a pity that Michael A. Simpson should suffer from that complaint, sometimes referred to by those with the benefit of a classical education as "logorrhoea".

In case the significance of this should be missed, it may be said that it has the same meaning as the charge made by a distinguished statesman of the 19th Century when he accused another statesman of being "intoxicated with the exuberance of his own verbosity"

Yours faithfully,

G. L. DAVIES

Oakfield,
Hay-on-Wye,
Hereford.

SPORT

RUGBY

OLD COLFEIANS v. GUY'S

Lost 16—6. 30th September.

For Guy's this game was a veritable disaster. It was marred by frequent brawls that the referee seemed powerless to prevent. After one of these exchanges, Munro, the Guy's forward, lay prostrate for several minutes.

The old boys seeing themselves as under-dogs played with great vigour and one cannot deny that they deserved victory. Guy's allowed themselves to be harassed and intimidated throughout.

At half-time Guy's were losing seven points to three. Colfeians opened the scoring with an easy penalty and followed with an unconverted try. Guy's replied with a single penalty by Fitton.

After the interval Guy's were mainly hemmed into their own half and a lot of possession was simply kicked away. Guy's rarely managed a movement that was not disrupted by opposition who were often positioned illegally. Guy's could not find an answer. Ross was the one player amongst the backs whose determination made any impression on the old boys. Colfeians scored another try from an intercepted pass close to the Guy's line. This was converted and they added another penalty to their total. Fitton kicked a second penalty for Guy's.

The frustration amongst the Guy's players was reflected in their willingness to exchange blows with increasing frequency. In the closing stages both sides were punching or kicking anything that moved and the game was close to disintegrating completely at times. Even as the final whistle blew a Guy's player was laid low by a passing kick. It was a sickening match which Guy's will want to forget quickly.

Team : G. Evans, T. Gibson, T. Want, H. Munro, K. Rigg, H. Holliday, R. Massey, M. Portelly, M. Phillips, A. Cook, J. Ross, A. Campbell, R. Yetton, R. Fitton, M. Danford.

GUY'S v. PORTSMOUTH

Lost 14—19. H.O.P. 7th October.

A fast and entertaining game ended in a narrow loss for the hospital. From the outset Guy's made most of the running, and throughout the match played the more enterprising football. The pack played with a unison lacking in the previous game and although the forward struggle was hard not a single angry exchange took place.

For most of the first half the services were bemused in their own territory. The Guy's threequarters enjoyed a fair share of possession and played with a new authority. For this credit must go to Ross for his coolness and the return of Owen at outside half. Kicking was minimised and both wings had opportunities. Yetton ran with increasing determination and twice hurled himself over the line but narrowly failed to score because of losing possession or colliding with the corner flag.

The passing between the forwards was impressive and the back row were in a fine attacking mood, Allen in particular making several fine breaks.

Guy's opened the scoring with a try by Cook. Portsmouth kicked two penalties, and before half-time Danford kicked one for Guy's.

In the second half Guy's started well but the forwards began to lose the initiative. Scrummaging, rarely their strong point, worsened, and after a time possession gained in this department was erratic. After some smooth passing Yetton eventually succeeded in scoring and Guy's seemed set for a win. Sadly there was a momentary lapse of concentration and Portsmouth fought back into the game. They scored a try after one of their players brushed aside some token tackles. They succeeded with a second try after another player waltzed through the Guy's pack unscathed and scarcely able to believe his luck. This try was converted and with another penalty goal soon after, Guy's hopes were dimmed. The hospital fought hard to gain another try before the end but had to console themselves with a single penalty kicked by Danford minutes before the final whistle.

It was a good game and one hopes enjoyable to watch. Guy's were undoubtedly the better side and but for some indecisive defence would have won.

Team : T. Want, T. Gibson, G. Evans, K. Rigg, D. Stuart, T. Gibson, H. Holliday N. Allen, R. Massey, M. Phillips, G. Owen, A. Cook, J. Ross, A. Campbell, R. Yetton, M. Danford.

GUY'S II XV v. U.S. PORTSMOUTH II

Drawn 12—12

The first outing of the season for most of the team, the game was a fair test of stamina, and all that summer training!

The scoring started well in Guy's favour, after a good three-quarter movement C. McLauchlan ran right through the Portsmouth defence to score, and later convert. For the next 20 minutes Guy's continued the pressure and Portsmouth appeared a decidedly ragged side under repeated penetrations

by the backs, notable runs being made by J. Harker, R. Moore and C. McLauchlan. Another try was bound to follow and after some superb forward play, a good loose ruck 30 yards out, R. Moore made a break through the opposition back row, just managing to pass to M. Portelly before being tackled, allowing the Captain to put his mark on the game; his try was also converted by C. McLauchlan. After some lapse in the attack the home side scored and at half-time Guy's were leading 12—8. During the second half Portsmouth woke up and scored, but failed to convert. Further play swung from one end of the field to the other, much good work being done by J. Burgess, H. Munro and C. Howell, but neither side being quite able to snatch victory.

We welcome two freshers to the side, D. Hughes and P. Loxton, who both had good games and should do well in the future.

Team : D. Hughes, J. Harker, C. McLauchlan, D. Norfolk, A. Portelly, R. Moore, D. Oram, M. Portelly, J. Burgess, P. Loxton, J. Rooke, M. Gilhooly, H. Munro, C. Howell, A. Collett.

D.A.O.

SOCCER

GUY'S v. CATFORD STROLLERS

Saturday, 7th October. H.O.P. Won 3—2.

The afternoon on which this match was played would have been better suited to a languid stroll along the sands at Blackpool, than to racing around a football field in South London. The pitch was bone-hard and the sun beat incessantly down from a cloudless sky to such a degree that even the dromedary-like Forgacs had to admit that he could do with a drink. However, Coley's harsh training schedule now paid off, Guy's being able to shrug off the untoward conditions and effortlessly proceed to tear apart a strong and efficient looking opposition.

From the start of the game Guy's took control and played some neat, accurate football. The defence played confidently, looking strong and well organised when dealing with the box. Midfield co-ordinated well with both backs and forwards, laying the foundations for Guy's frequent attacking moves, which were brilliantly executed by a line of goal-hungry forwards.

Baker opened the scoring for Guy's with only 10 minutes off the watch when, after receiving the ball from a neat build-up on the left, he caused consternation in the opposing penalty box with a clever piece of footwork, which was finalised by a power-drive into the back of the Catford net. Guy's continued to force through the Strollers' lines, coming close to scoring on many occasions, but it was left to Winter to put Guy's two goals clear with a well placed header near the end of the first half.

Guy's opened the second half in the manner in which they had ended the first—by accurately swinging the ball around the field and speedily completing their attacking moves. Within 15 minutes Baker scored yet again, by taking advantage of a goalmouth scramble and forcing the ball through a morass of players and over the line. Unfortunately, this seemed to lull Guy's into a sense of false security, and the pressure was allowed to ease off with the result that the Strollers came back into the game and were allowed to score. This shock still did not bring Guy's back to their previous form and Catford scored again after Lewis had made a brave attempt to save a power-drive, but only succeeded in parrying the shot. Karani, still obviously fathomed in his previous evening's euphoric haze, suffered a momentary illusion of grandeur and appeared from nowhere (in which position he had been playing most of the afternoon), to skilfully beat two opposing forwards to the ball, slice between them and slam a right foot shot into the top corner of his own net, while Lewis could only wipe tears from his eyes. However, this brought Guy's back on to form, and enabled the match to end as it had begun with Guy's attacking.

It was rumoured that Kay was unable to play because he had gone to Oxford to see how someone's father was, but what was the painful question of Brummel's knee?

Team : R. Lewis, K. Brame, S. Edwards, N. Harradine, I. Forgacs, J. Karani, P. Coley (Capt.), G. Barker, M. Winter, N. Avery, C. Baker.

K. BRAME

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

Ph.D. (Science)

July, 1972.

P. B. Curtis-Prior.

BIRTHS

OPENSHAW.—On 27th September, 1972, to Kay (née Jude, S.R.N.) and Dr. David Openshaw, F.F.A.R.C.S., a son, John Lawrence.

KELYNACK.—To Fiona (née Munro) and John Kelynack, of Beinn Dobhrain, Muir of Ord, Ross-shire, Scotland, a son Andrew John, born on 21st September, 1972.

FREELAND.—On 28th September, 1972, in Oxford, to Andrew and Chris Freeland, a son, William James, a brother for Robert and Jeremy.

DEATH

HEMMINGS.—On 22nd September, 1972, Laurence Gower, L.D.S., R.C.S., formerly of Thames Ditton, Surrey.

ENGAGEMENT

BEATTIE—FREEMAN.—The engagement is announced of Nurse Dorothy Beattie of St. Olave's Hospital, to Keith Freeman, Medical Student at Guy's.

CHANGES OF ADDRESS

Dr. J. C. Matthews, 33, Cardington Road, Bedford.

Mr. P. C. C. Pitt, 152 Harley Street, London, W1N 1HH. Tel.: 01-935 8868.

Dr. and Mrs. J. H. Tripp, 90, Broxash Road, Clapham Common, London, SW11 6AB. Tel.: 01-223 0536.

PERSONAL

ISLINGTON.—Furnished House in Islington. Two bedrooms; suit couple Available 12th November. Convenient for Guy's and West End. Tel.: 01-226 6139.

N. DEVON.—Fisherman's Cottage (TV featured). To Let. Sleeps five. Dr. Matthews 33, Cardington Road, Bedford. Tel.: 64285.

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TRAINEE ASSISTANT.—Chichester Harbour: Old established semi-rural Guy's Group practice offer vocational training; Cottage Hospital, Maternity Home, attached nurse appointments E.C.G.; flourishing G.P. Medical Centres nearby; day release to Wessex Vocational Training Scheme. Dr. R. L. H. Barnard, 6, North Street, Emsworth, Hants. Tel.: Emsworth 2132.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

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GUY'S HOSPITAL GAZETTE

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NEWS EDITORS T. J. GOULDER and N. K. BULLOCK

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NURSING CORRESPONDENT Miss P. M. JEFFERIES

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FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2201

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

G.M.C. Reorganisation

For many, the General Medical Council (G.M.C.) is the arch-ogre of the Medical Profession. Originally established approximately 130 years ago to protect the public from unqualified doctors, it was empowered by Parliament to manage a new register of "qualified" practitioners. To define "qualified" the council had to control medical education, and therefore initiated the M.B. and College exams. Thus the G.M.C. became the arbiters of medical standards and ethics.

The guardian rôle of the G.M.C. has since become mainly nominal, although it can control ethical standards by striking doctors off the register—preventing them from getting another job. In the disciplinary hearings the G.M.C. court acts contrary to general legal practice not only as prosecutor, but also as judge and jury. Unfortunately the G.M.C. will not give advice to doctors in potentially unethical situations.

In 1969 the G.M.C. introduced an annual "retention fee" of £2 for administrative purposes surplus to the initial registration fee. The "retention fee' has recently been increased to £5, so that newly registered doctors face the prospect of paying £200 or more to the G.M.C. during the whole of their medical career. In return for an estimated £¼ million in fees, the G.M.C. only offers two services—a register and a disciplinary court. Not surprisingly, many doctors have refused to pay their retention fee.

This insubordination has prompted the G.M.C. to partially reorganise, and set up a self-selected joint committee with the B.M.A. Registered doctors and the public are consequently excluded. This committee has produced two reports, the first on the structure and the second on the function of the G.M.C. The importance placed on structure above function only serves to ratify the stagnancy and lack

of positive proposals revealed in the reports.

There is an obvious need for a medical body to ensure that proper standards are maintained. A body should also exist to regulate doctors' qualifications. One committee representing both the medical profession and laymen could amply fill both these requirements. All that exists at present is an aged heirarchical body of academics who fulfil merely the minimal statutory obligation of keeping a register and court. The Government should and must instigate a public inquiry to enable all parties to voice their opinions and to safeguard the public interest.

GUY'S DIARY

NOVEMBER

17	Fr.	2.15	Combined Round. Dr. ROBINSON. "Two Children with Neuromuscular Weakness." Chairman: Dr. MACKEITH.
23	Th.	1.00	Clinical Lecture. Dr. MACKENZIE. "Demyelinating Disease."
24	Fr.	2.15	Combined Round. Dr. STAFFORD-CLARK. "Relationship of Diagnosis and Prognosis in Psychiatry with some illustrated cases." Chairman: Prof. TROUNCE.
30	Th.	1.00	Clinical Lecture. Dr. MACKENZIE. "Spinal Cord Compression and Myelopathies."

DECEMBER

1	Fr.	1.00	Clinical Lecture. Prof. KEEN.

Combined Rounds are held in the Pre-Clinical Classroom. Clinical Lectures are held in the Anatomical Theatre and are open to all students and staff.

POST-GRADUATE MEETINGS IN NOVEMBER

SATURDAY, 18th

11.00 a.m.	Neurosurgical Unit Conference at the Maudsley Hospital.

MONDAY, 20th

12.30 p.m.	St. Olave's Hospital—Staff Round in Conference Room.
12.30 p.m.	New Cross Hospital Clinical Meeting on Ward 9A.
1.00 p.m.	Paediatric Meeting in Pre-Clinical Classroom.

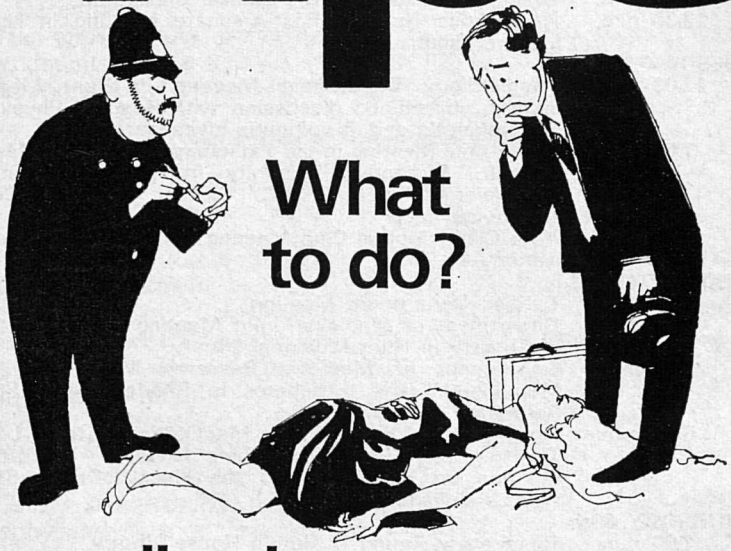
TUESDAY, 21st

12.00 Noon	Haematology Department Meeting in Hunt Memorial Library. Case discussions.
1.00 p.m.	Lunch-time Meeting in Pathology Department, Medical School. Transfer factor and chronic candidiasis. Dr. Helgi Valdimarsson, Hammersmith Hospital.
5.30 p.m.	York Clinic Journal Meeting in Library. Details to be announced.

WEDNESDAY, 22nd

1.00 p.m.	Cardiac Department Meeting.
2.00 p.m.	Department of Medicine Deaths and Complications Meeting in Hunt Memorial Library.
3.30 p.m.	Dr. J. Wall. "Testicular Antibodies in Lepromatous Leprosy."

mps



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Cardiff 43852.

5.00 p.m.	Department of Anaesthetics Meeting in the Obstetric Lecture Theatre, 2nd Floor, New Guy's House. Anaesthesia for the Burnt Child.—Dr. W. J. O'Brien, Middlesex Hospital.
THURSDAY, 23rd	
1.00 p.m.	Respiratory Round in Hunt's House Library.
1.00 p.m.	New Cross Hospital Post-graduate Meeting in Nurses' Lecture Theatre.
FRIDAY, 24th	
1.00 p.m.	Staff Round in the Clinical Lecture Theatre, 2nd Floor, New Guy's House. Professor H. Keen—Insulin Resistance and Insulin Sensitivity.
SATURDAY, 25th	
11.00 a.m.	Neurosurgical Unit Conference at the Maudsley Hospital.
MONDAY, 27th	
12.30 p.m.	St. Olave's Hospital—Staff Round in Conference Room.
12.30 p.m.	Weekly Orthopaedic Meeting in Christopher Ward.
1.00 p.m.	Paediatric Meeting in Pre-Clinical Classroom.
12.30 p.m.	New Cross Hospital Post-graduate Meeting in Nurses' Lecture Theatre.
TUESDAY, 28th	
12.00 Noon	Haematology Department Meeting in Hunt Memorial Library. Combined discussion with Hospital Physics on erythrokinetic and forrokinetic investigations.
1.00 p.m.	Lunch-time Meeting in the Pathology Department, Medical School. Protective immunity in helminth infections. Dr. Valerie Jones, M.R.C. Clinical Research Centre, Northwick Park.
5.30 p.m.	York Clinic Journal Club Meeting in Library. Depersonalisation—Dr. Hsu.
WEDNESDAY, 29th	
1.00 p.m.	Cardiac Department Meeting.
2.00 p.m.	Department of Medicine Joint Meeting with Department of Surgery in Hunt Memorial Library.
3.30 p.m.	Department of Medicine Research Meeting in Hunt Memorial Library. Diabetes in Rhodesia with Special Reference to Steatorrhoea.
5.00 p.m.	Department of Anaesthetics Meeting in Obstetric Lecture Theatre, 2nd Floor, New Guy's House. The present position on Halothane and the Liver. Dr. L. Strunin (King's College Hospital).
THURSDAY, 30th	
1.00 p.m.	Respiratory Round in Hunt's House Library.
1.00 p.m.	New Cross Hospital Post-graduate Meeting in Nurses' Lecture Theatre.

NEWS IN BRIEF

Thank You, Mr. Handler

The "Grant's Atlas of Anatomy" Prize announced at an earlier date has been awarded to Mr. C. Handler for his Passim in issue No. 2194 (14th August).

"Advances in Paediatrics"

The British Post-graduate Medical Federation will hold a Week-end Course in Paediatrics for General Practioners and Local Authority Medical Officers entitled "Advances in Paediatrics". This will

take place at the Evelina Hospital on Saturday, 25th November, and Sunday morning, 26th November, 1972. Applications for a place on the Course should be made to the Hospital Secretary, Evelina Children's Hospital, Southwark Bridge Road, London, S.E.1, as soon as possible.

Students' Medical Education Committee

Elections will be held in the near future for representatives to the Students' Medical Education Committee. Between Friday, 17th November, and Thursday, 23rd November, lists will be put up on a notice board in the East Wing on which should be put the names of candidates for election, a proposer and a seconder who must both be in the same year as the candidate. Elections will be held on Thursday, 30th November, and the A.G.M. will be on Tuesday, 5th December.

The aims of the committee are to discuss any suggestions for amendments of the medical curriculum and to pass on any recommendations if the majority so wish.

NOTICES

Mr. L. F. W. Salmon, Senior Consultant and Head of the Throat and Ear Department here at Guy's, has pointed out to us that in our item entitled "Fine Music" in the *Gazette* of 21st October we assigned an incorrect title to Mr. T. B. Layton, and apparently the tale itself was not strictly true. The real facts according to Mr. Salmon, are as follows : "Mr. T. B. Layton was, along with Mr. W. M. Mollison, the founder of the Throat and Ear Department in our Hospital, a task to which he returned immediately after his distinguished service in the First World War, to which you refer. In 1917, he commanded the 2nd/4th London Field Ambulance in Allenby's advance on Jerusalem and claimed to have reconnoitred a site for his field hospital in that city before its capture on 9th December. Another of his stories was that his Field Ambulance was the last unit in the British Army ever to form a hollow square but it is a long story and the reason for this out-moded defensive stance could hardly be printed in the *Gazette* even in this day and age. Serving under his command as a private soldier in the Royal Army Medical Corps was Ralph Vaughan Williams. He was greatly troubled by flat feet and his C.O. went some way towards solving the problem by employing him as a wagon orderly.

"These stories and many others from this period of his life are well known to me but I never heard that Vaughan Williams was his batman. To resolve the doubt I turned to the ultimate authority, his widow, Mrs. T. B. Layton, who remains well at the age of 91. She confirms that your story is apocryphal."

We humbly apologise for these errors, and hope that Mrs. T. B. Layton has not been unduly embarrassed.

Editors.

SNOWFLAKE BALL

The Snowflake Ball will be held on Thursday, 7th December, 8.00 p.m. to 1.00 a.m. with Kenny Ball and his Jazzmen, and (by popular request) Wild Wally and his Rock 'n Roll show. Disco and Light Show Films. Buffet Supper. Black Tie.

Tickets at 4 gns. Double may be obtained from L. J. Read, c/o East Wing, or by application to the Editor, *Gazette* Offices.

MASS MINIATURE X-RAY EXAMINATION

The Mass X-ray Unit will be available at Guy's (in front of Hunt's House) at the following times:—

Wednesday, 29th November, 09.30-16.30 hours—All Staff.

Thursday, 30th November, 09.30-16.30 hours—Medical and Dental Students.

Friday, 1st December, 09.30-16.00 hours—All Staff.

BOOK REVIEW

AN INTRODUCTION TO CLINICAL RHEUMATOLOGY.
Edited by William Carson Dick. Churchill Livingstone, 1972. pp. 192. Price £1.25.

Dr. Carson Dick has set out to provide a basic textbook of clinical rheumatology suitable for undergraduate and post-graduate students as well as interested practitioners. He has done so, he tells us, by collecting his lecture notes, and the clipped rather telegraphic style of his prose is certainly suited to purveying the maximum amount of information in the minimum space. Thus this small volume contains a very large amount of information, most of which is accurate and certainly is sufficient to prepare a student for his final examination in medicine or indeed for "the Membership". Any examiner would I am sure be gratified to find that a candidate knew all about Kashm-Beck disease (unknown outside Eastern Siberia and North China) but might be unhappy to hear that Polymyalgia Rheumatica causes blindness. One is left with the impression that the lecture notes have not been very carefully edited. Lists of causes and associated diseases often start with the least common, (e.g. benign neoplasms as a cause of carpal tunnel syndrome) and there is a disturbing tendency to devote a large amount of space to a rare and unimportant condition and dispose of common clinical problems in a few lines. In a book of this nature it would have been proper to devote a chapter to a description of the clinical examination and evaluation of the locomotor system, but this important topic is dealt with in one page! Similarly, the subject of spinal disorders which provide about one-third of referrals to a rheumatology service is described in three pages. This section is furthermore inaccurate and misleading and is best avoided.

Nevertheless despite these criticisms, this book does provide a useful synopsis of clinical rheumatology at a very low cost; and can be recommended to students with an interest in the topic.

H.C.B.

OBITUARY

Leonard Willmore, who was speech therapist at Guy's from 1947 to 1966, died on 7th July this year. He was 73 years old.

His original training was in singing, and this, coupled with his interest in the scientic study of speech and speech disorders, led him into the field of Speech Therapy in the early years of its development as a profession.

He trained under Amy Swallow and Winifred Kingdon-Ward at the London Hospitals Speech Therapy Training School, which in recent years has come to have a close association with Guy's. Amy Swallow was the foremost authority on disorders of voice and their treatment, and Winifred Kingdon-Ward wrote the first major text-book on stammering.

These two areas were taken up and developed during Leonard's 20 years at Guy's. He lectured regularly to Medical and Dental students on all aspects of disorders of communication, but most frequently on the subject of stammering. His level-headed, informed approach to treatment accounted for a great deal of his success and he was responsible for materially changing and improving the career prospects and social life of many who suffered from this problem. For 20 years he lectured on the Study of Normal Voice and Speech at the Kingdon-Ward School of Speech Therapy. He was particularly pleased that co-operation between Guy's and the Kingdon-Ward Trust resulted in the first post-graduate course on communication disorders outside the United States.

At the same time as he worked at Guy's, Leonard held the appointment of Senior Speech Therapist for the County of Hertfordshire. In this post he was responsible for the development of one of the best School Health Service speech therapy organisations in the country. In addition to the stability, warmth and interest he brought to the speech therapy service, his persistent campaign resulted in the opening of four units for intensive training for children with language disorders in this county.

R.F.

CENTENARY EDITION CORRECTIONS

The Editors would like to apologise to Professor N. W. Naylor, Dr. E. T. Conybeare and Mr. J. B. Blaikley, whose initials were mis-printed. Also to Mr. A. E. Orchard-Lisle for the transposition of the introduction to his article.

We should also like to thank the Medical School and the Endowment Fund for financial assistance toward the Centenary edition.

Professor KEITH SIMPSON

Professor Cedric Keith Simpson, who retired from his University Appointment as Head of the Department of Forensic Medicine at Guy's Hospital on 30th September, came to Guy's from Brighton and Hove Grammar School in 1924. As a student he won the Hilton Prize for Dissection, the Wooldridge Memorial Prize in Physiology, the Beaney Prize in Pathology, the Golding Bird Gold Medal and Scholarship in Bacteriology, and the Treasurer's Gold Medal in Clinical Surgery. His skill as a teacher was already becoming apparent by his appointments as student demonstrator in anatomy, bacteriology and pathology. He passed his primary F.R.C.S. in 1927 and qualified M.R.C.S., L.R.C.P. and M.B., B.S., in 1930. He proceeded to M.D. (Pathology) in 1932, M.R.C.P. in 1958, F.R.C.P. in 1964, F.R.C.Path. in 1964, D.M.J. in 1962, and M.A. (Oxon) in 1964.

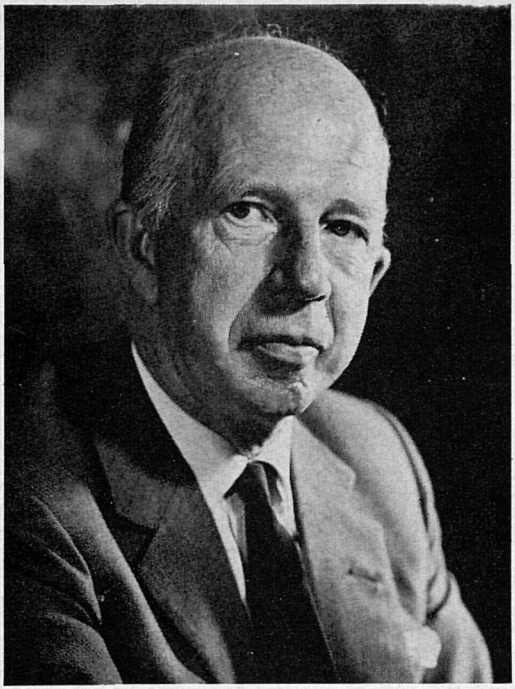
After qualification he joined the hospital staff as Clinical Assistant to Dr. Mutch and Dr. Ryle, and became Gull Scholar and Astley Cooper Student in 1932. From 1932-37 he was lecturer in pathology and, after the sudden death of Professor Nicholson, he was in charge of the Pathology Department until the appointment of Professor Payling Wright to the Sir William Dunn Chair of Pathology.

After 1937 Professor Simpson devoted himself to his primary interest—that of forensic medicine. He was successively Lecturer (1937), Reader (1946) and finally the first Professor of Forensic Medicine in London University (1962)

Professor Simpson has always been an exceptional teacher and writer. He can always maintain his audiences' attention, even when talking about the less sensational aspects of his subject, and consequently has always been in great demand as a speaker. He has travelled widely both at home and abroad giving lectures, and has only recently made trips to India, Australasia and South Africa. His textbook on Forensic Medicine, which first appeared in 1947, was so popular that it has already in 25 years run to six full editions and five reprints with amendments. In 1958 it won the R. S. A. Swiney Prize for the best work on medical jurisprudence to be published during the preceding 10 years. He edited the first two series of *Modern Trends in Forensic Medicine* in 1953 and 1967, was co-editor of the 11th edition of *Taylor's Medical Jurisprudence* and editor of the 12th edition. He wrote the *Doctor's Guide to Court*, which was published in 1962 and ran to a second edition in 1966. Lighter writing has appeared under the pseudonym of Guy Bailey. His first paper appeared in 1930 and since then he has written over 200 papers, chapters and articles on pathology and forensic medicine. For many years he was curator of the Gordon Museum, and during this time most of the sections were completely overhauled.

In 1961 he became Lecturer in Forensic Medicine to the University of Oxford. He has examined in this subject at seven universities.

In 1952 he became Harvard Associate in Police Science; in 1954, Medallist at Strasburg University; in 1954 and 1961, British Council Lecturer in France and Denmark.



Professor Keith Simpson

Professor Simpson was the first Science Club lecturer at Guy's and lectured to the Society again to mark its 25th Anniversary. He has been Chairman of the Clubs' Union and also President of the Hospital Boxing Club.

He has held the office of President of both the Medico-Legal Society and the British Association in Forensic Medicine and is a member of the Council of the Royal College of Pathologists, of the Medical Protection Society and of the Home Office Scientific Advisory Committee.

During his long career Professor Simpson has been involved in many important and celebrated cases, including R. v. Haigh, the "acid bath murderer," R. v. Sangret and R. v. Heath. He played no small part in the dissemination of the "Battered Baby Syndrome" and was pathologist in R. v. Dean, the first successful "Battered Baby" prosecution at a time when the Syndrome was receiving scant attention in this country.

In spite of his very full professional life, Keith Simpson has always devoted much time to the very many visitors to his Department from all over the world.

His enthusiasm has never faltered. Throughout his career he has had a stimulating influence upon the practice of Forensic Medicine, and this is unlikely to be affected by his retirement from Guy's.

Frederick Denison Maurice

1805-1872 — A Centenary

This year marks the centenary of the death of Frederick Denison Maurice, who from 1836 to 1846 was chaplain to Guy's Hospital. There are few records of his work in the hospital, but we know that his ministry included work amongst the patients, staff and students. He lectured in Philosophy and Moral Theology to the medical students, charging £3 per course, and one wonders if the lack of such lectures today, despite an already crowded curriculum, is a serious omission. He had a passionate concern for the wholeness of men, and he ministered to the patients without the damaging dichotomy between the physical and the spiritual needs of people that is so apparent today.

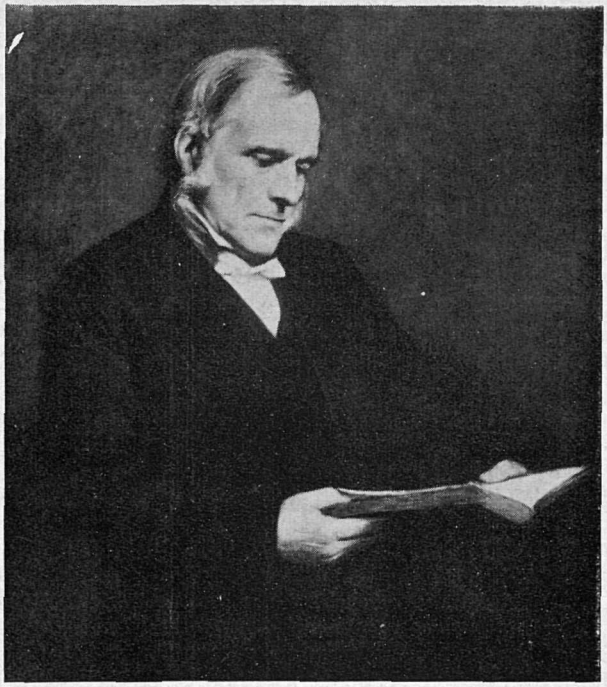
Soon after his appointment at Guy's he wrote to a friend :—"I like Guy's increasingly. Here everybody is withdrawn from the bustle of affairs, and is, in a measure, ready for sympathy and spiritual discourse. I have great pleasure in collecting the patients in a ward round the bedside of one of the most ill, and reading and explaining the Scriptures to them; and the Sisters are always ready to make arrangements for this purpose. The hospital has been so long under good discipline, that I have met with no obstruction from any quarter."

Maurice was not the first, but was certainly one of the great Christian Humanists. He believed that this world is to be enjoyed because it is God's world, and that by using the things of the world aright, by working towards healing, by a proper respect for people as being each of infinite value, one could live out the prayer "thy Kingdom come on earth". Man, he believed, is to be vitally involved in the onward movement of the development of the universe.

Almost inevitably such belief led him towards Christian Socialism. Though he was a great theologian, he did not live in an ivory tower, nor was he greatly interested in the minutia of church organisation. Since politics is the science of all that concerns man's estate on earth, he insisted that a Christian ought to be involved in politics—in housing, in hospitals, in working conditions, in trade unions and so on—and to be concerned for all that goes towards fullness of life.

There is something triumphantly optimistic and life-affirming about F. D. Maurice. Obviously he was not blind to the sufferings and evils of the world—how could he be, working as he did in the wards of the hospital over 100 years ago?—but he believed that all the time God is at work to reconcile, to unite, to heal the world. "Nothing here below is profane for those who know how to see."

Much of Maurice's writing now may seem somewhat dated; one thinks of those long Victorian sermons. And yet there is an authentic and contemporary ring that distinguishes the essence of his teaching. Perhaps the modern-day prophet, whose teaching has many parallels



with Maurice, is Teilhard de Chardin. It is with a quotation from Teilhard that this brief note on Guy's most distinguished chaplain must end : it reflects what was at the heart of Frederick Denison Maurice's belief—

"On one side we have an innate, tumultuous surge of cosmic and humanitarian aspirations, whose rise cannot be checked, but which are dangerously imprecise and still more dangerously "impersonal" in their expression; the new faith in the world. And on the other side, we have . . . the vision and expectation of a universal pole, transcendent and loving; the ancient faith in God. On one side, in the form of modern humanism, we have a sort of neo-paganism, bursting with life but still lacking a head; on the other side, in the form of Christianity, a head in which the circulation of the blood has slowed down. Can we possibly fail to see that these two halves are designed to be combined into one whole?"

THE REVEREND ROBERT KEMPSTER,
Hospital Chaplain.

Guy's Hospital Christian Union

Its Formation and Early Development

by ANDREW E. BROWN
(Medical Student, Guy's)

In 1847 Queen Victoria had been on the Throne of England for just 10 years, and the Brontë sisters were about to publish their literary masterpieces "Jayne Eyre" and "Wuthering Heights". Abroad, the first of the "gold rushes" was starting in California, but back at home peace and stability were coming to the Nation and its expanding Empire. In the world of medicine the surgical revolution was about to begin, for James Simpson was demonstrating the use of chloroform as an anaesthetic, whilst in the smaller world of Guy's Hospital the names of the moment were Addison, Hilton and the recently retired Hodgkin and Bright. Indeed the great Sir Astley Cooper was only six years in his grave.

However, even though there appeared so much material and scientific advance, a young teacher at Guy's, Dr. Samuel Habershon, realised that the spiritual welfare of his students left much to be desired, and discussed this fact with a lecturer from the neighbouring St. Thomas's Hospital, Dr. Gladstone. It seems there was much in the life of the hospital that needed correction. Nurses were known to arrive on the wards drunk and argumentative, and even the Staff had set a similar example until the effect of a virtuous Queen on the manners of the nation had been felt. Medical students were renowned for their riotous behaviour and "fought with each other everywhere, not only in the famed "Ship and Shovel" but in the operating theatre, in the dissecting room and in the Colonnade".[1] It was in the face of such behaviour that a letter from a student appeared in one of the medical journals, the general tone of which can best be summarised as "no man careth for my soul". Habershon and Gladstone decided to act, and the outcome of their deliberations was the institution of a Bible Reading Group at Guy's which, under the present title of Christian Union, celebrates its 125th anniversary this year. Similar societies are now in existence in most universities and colleges throughout the world and the importance of the Guy's group is that it was the first such to be established, and took a leading part in the growth of similar groups in the other London teaching hospitals.

Instrumental in this spread was Dr. Golding Bird, an Assistant Physician at the Hospital. He had been an outstanding pupil, gaining a gold medal from the Apothecaries Society and an early election as Fellow of the Royal Society, and, hearing of the work of Dr. Habershon and reading the *cri-de-coeur* from the medical student, he considered how best to further the development of the objects and work of the Bible Class. In December, 1853, Golding Bird invited representatives from the Medical Staff of the London Hospitals to his Russell Square home, to discuss the practicability of forming an association of Christian students and medical men. Two months

later the Christian Medical Association was formally inaugurated, and weekly meetings for the study of the Bible were commenced. These gatherings appear to have been held chiefly in the homes of Drs. Habershon and Gladstone, and must have been well attended, for in 1860 they moved to the Freemasons' Hall, where they continued for a further 11 years, ending in 1871.

The need for such meetings, however, was still felt, for just two years later an advertisement appeared in the *Lancet* inviting medical men and students to a weekly meeting at the London Medical Mission, Endell Street. After a somewhat shaky start the group at Endell Street was able to call a student representative from each of the Medical Schools to a meeting on 23rd May, 1874, the outcome of which was the Medical Prayer Union, whose stated aim was "to establish, revive and maintain meetings for the study of God's Word and prayer at each London hospital." The Medical Prayer Union continued until 1949, when it merged with another similar group to form the present Christian Medical Fellowship, an active and flourishing organisation which arranges lectures, conferences and seminars for both doctors and students, as well as publishing literature on medical ethical problems.

The group at Guy's was active from the start, however, and it was noted at the 1874 meeting mentioned above that it was the only one still in existence of all those which had been encouraged previously by the enthusiasm of Golding Bird. When the Guy's Hospital *Gazette* first appeared they were quick to utilise its pages to advertise their activities, and so in the third issue, 19th October, 1872, we find the following announcement:—

> "The Guy's Bible Class meets at Hibernia Chambers, S.W., corner of London Bridge, in the Boardroom of the Shipwrecked Mariners Society.
>
> All welcome. Alternate Thursdays. 6.15-8 p.m.

The use of the above premises may have helped to arouse an interest in Missions in general, for, by the early eighteen-nineties, a strong Missionary Society was functioning within the Bible Class, and the Minutes record various gifts of surgical and midwifery instruments to Guy's men going abroad to serve in the emerging continents of Africa and India. This was the age of great missionary zeal and expansion that is only too easy to criticise today, but these brave men went out with the best of motives intending to take their skills and their gospel to the aid of people in need, and since then a steady stream of Guy's doctors, nurses and physiotherapists have followed in their steps, bringing honour and respect to the Institution that had given them their training.

The end of the nineteenth century saw expansion at home, too, and when the old College was opened by none other than William Ewart Gladstone in 1890 the Bible Class acquired the use of a room upon payment of the rent of £26 per annum. Here they housed a small library, held their various meetings and entertained men for tea each weekday. A certain Mr. Pritchard is thanked in the Minutes for "purchasing milk, tea, biscuits, etc., on the most advantageous terms, paying bills and keeping accounts of same." In 1893 an

Annual Hospital Sermon was instituted with notable preachers of the day invited to give an address, and the following year the present title of Guy's Hospital Christian Union was formally adopted. However, the growth of the Union appears to have lapsed in the opening years of this century, for there is a break in the Minutes between 1905 and 1909, when a "meeting was held in Mr. Lewin-Payne's house (he was a Dental Surgeon at Guy's), for the purpose of starting the Christian Union once more". Lewin-Payne was elected Vice-President and gave much valuable help for many years, together with the President, Mr. Charters Symonds (later Sir Charters Symonds), an eminent surgeon who had made history in 1883 by successfully removing an appendix between attacks. Several other members of the Staff were happy to serve as Vice-Presidents before the First World War, including the physicians E. P. Poulton, "Honest" John Fawcett, and Sir Maurice Craig of the Department of Psychological Medicine, together with Professor T. Lowry from the Department of Chemistry. It is of interest to note that the Minutes at this time report a meeting at which the speaker was Dr. S. H. Habershon, presumably a relative (son?) of the founder.

The years before the War saw another development in Christian student circles. The Student Christian Movement, which had been founded in 1893, proposed to change its Basis of Belief and Membership and the Guy's C.U., being at that time members of this organisation, wrote to express strong disapproval at the vagueness of this document which, in deference to the liberal theology of the period, evaded the issues of the Deity of Christ and His resurrection.

After the War the Union reconvened under the Presidency of Dr. Fawcett, with Mr. Ogilvie (later Sir Heneage Ogilvie) as Vice-President, and it appears to have attracted some eminent speakers. Amongst these was the great J. B. S. Haldane from Oxford, whose address on "Religion and the Growth of Knowledge" is recorded in full in the *Gazette* for March, 1924 (Vol. 38, No. 932). The Minutes record that Haldane, who mentioned that he was a Christian "although I do not attend church", was not well received by the committeee due to his "incomplete picture of the Christian message"! Another well-known speaker in the student world, however, Professor Rendle Short from Bristol, was not invited to Guy's due to "his familiar objections to the S.C.M." (Presumably their rather liberal approach). The year before Haldane's visit saw the first of the week-end conferences organised by the Christian Union. This was at Haslemere, and it is recorded that the cost of the accommodation was nine shillings and the train fare seven and threepence. These informal conferences are still held twice a year, although the rates are not quite so advantageous!

The matter of liberalism assumed greater importance in the late twenties, and some members of the Committee felt that the Student Christain Movement was straying too far from the truths of Christianity as recorded in the Bible. Occasionally a resignation is noted in the Minutes over this issue, and in the other hospitals and universities there was a movement to restate once again the Christian faith in positive terms. This resulted eventually in the formation of the

Inter-Varsity Fellowship of Evangelical Unions in 1928, and although the group at Guy's remained affiliated to S.C.M. for some time to come there was a growing sympathy with the aims and beliefs of the I.V.F. In 1944 a new Constitution and Basis of Belief was formally adopted, and Guy's Hospital Christian Union aligned itself fully with the Inter-Varsity Fellowship, and has remained so since that time. The I.V.F. serves to link Christian Unions up and down the country although each exists as an autonomous, student-run unit. It provides help and advice when needed, arranges conferences, and publishes a considerable amount of literature aimed at presenting the Christian faith in a meaningful way to university students.

The past 125 years have seen many changes and advances unthought of by the solemn bearded and bewhiskered men of the Victorian age. Not least among these has been the decline of Christian belief and practice, and the challenge of modern atheistic philosophies. But throughout this period there has been a group of students and others at Guy's who, even though sometimes few in number, have maintained a witness to their personal Christian faith. In an institution given to caring for the physical and mental welfare of men and women, they have reminded us of our often neglected spiritual needs.

[1]Cameron, H. C. (1954) "Mr. Guy's Hospital". Longman's Green and Co.

NURSING

The Briggs Report

"The time has come the Walrus said
To talk of many things" . . . . . .

L. Carroll.

As the Social Workers waited for Seebohm, so the Nurses have waited for Briggs. At last their patience has been rewarded, and, amidst a fanfare of publicity and Press Conferences, the long awaited report was released on 17th October. Some television viewers were even offered the unique opportunity of hearing the erudite views of such people as the Nurse of the Year and Miss Beal : a rare treat this, and one to which those watching the other channel, were fortunately not subjected. Within two days, the public had of course forgotten the event, since, as a whole, they are uninterested in their possible welfare, if and when they have the misfortune to become patients. It was then left to the Nurses to peruse the 300 pages and to try and form opinions.

The report, if accepted, will instigate a large number of changes in nursing, not least of which will concern the education of Trainees. Two of these are sufficiently radical to produce immediate response, and in many instances, much concern. They are, the shortening of the basic training, and the reduction in the age of entry.

To reduce the length of basic training to 18 months is, of course, a shortening on even the present enrolled nurse training. In view of the continual increase in the amount of knowledge to be assimilated, this proposal seems nothing if not a little dangerous.

With regard to the reduction in the age of entry, one can only feel that the Committee is extremely insensitive to current needs. Teenagers of 17 are no more mature nowadays than previously. They may be more articulate, and thus display a veneer of maturity, but it is very doubtful whether they are capable at that age, of surmounting the ever-present and inevitable difficulties. Furthermore, recruitment, at this age will probably tend to reduce the number of applicants who possess higher educational qualifications. At the same time, all Nurses are anxious that their profession should be recognised as such, but until definite standards of entry are established. this cannot be so.

Certain of the suggested reforms are, of course, immediately apparent as being of benefit. The cessation of night duty early in training can only be applauded, as can the proposal to assess the ability of Nurses from abroad to speak English prior to their arrival in this country. To many Ward Sisters this last fact can, and frequently does, prove to be a continual source of worry.

There are of course many more suggested alterations to both training and administrative structure. It should suffice to say that the time is ripe for many reforms in nursing. It is to be hoped, however, that the Salmon fiasco is not repeated. Objective assessment, and careful implementation, are essential, if Nurses are not to be precipitated into a detrimental situation, from which there is no recourse.

CORRESPONDENCE

Sounds Anatomical

SIR,—I was interested in the recent reference in "News in Brief" to meetings of the Gramophone Record Society which used to take place in the Physiology Theatre. In fact, informal recitals were still occurring, somewhat sporadically, in the Physiology Theatre as late as 1956 or 1957. I am not sure why these ceased. It might be that some complained of the disturbance which may have been caused.

The reason why I am writing is that I have myself wondered whether these recitals might not be resuscitated, siting them perhaps in the Anatomy Theatre, whose acoustics have been recently improved and where sound perhaps might be more easily confined. I know a number of students who are interested in such a possibility, and it would be interesting to know whether others would like to see such a development. It would, of course, be necessary to make some trials to see how the theatre behaves both as regards internal acoustics and external nuisance. The present public address equipment is quite good two of the speakers being of Hi-fi quality.

Perhaps you would care to give these remarks some publicity; I am quite prepared to act as a post office for suggestions and views.

Yours sincerely,

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

ROGER WARWICK.

Rose Ball, 1973

SIR,—May I draw your readers' attention to the Clubs' Union Rose Ball which is to be held at the Dorchester Hotel, Park Lane, on Friday, 12th January, 1973.

Although the Ball is traditionally held at the Savoy Hotel the move has been made for two reasons. Firstly, the prices at the Savoy have escalated so far in the last year that the cost for a double ticket would have been at least £8.50 to stand a chance of breaking even. Secondly, the facilities are very much better at the Dorchester and 600 guests can be accommodated in comfort.

Double tickets are £7.75 and will be limited to 300. If this many tickets are sold the Clubs' Union stands to make a reasonable profit on the function.

DO YOU SUFFER?

Do you wake up every morning with that Monday feeling? A feeling of frustration and anxiety that comes with worry about personal problems and ailments?

We cannot help you, we wouldn't know where to start, we leave that to the consultants, doctors and nurses of Guy's.

But if your problem is printing, then we do claim that we can cure most of your worries. Just consult us . . . we may be able to help!

KENTISH TIMES LTD.

22 NORTH ST., BROMLEY, KENT

01-460 2257

Dancing will be to a top band in the Ballroom, and to a continuous discotheque in the Crystal Room. There will be a cabaret and a large Tombola, and the dinner is guaranteed to live up to the Dorchester's high standard.

Tickets may be obtained from C. G. Langdon or Miss J. A. Goodwin (East Wing) and tables for any number up to 12 can be arranged. Donations to the Tombola will be most gratefully received and should be given to the Honorary Assistant Secretary. Yours faithfully,

Medical School, C. G. LANGDON,
Guy's Hospital, London Bridge, SE1 9RT. *Hon. Assistant Secretary.*

The Future of Community Care

SIR,—It's good to see a Passim devoted to Health Centre community care. I agree that the G.P. quoted should have welcomed the opportunity of having a larger number of keys, to open doors to Health, than he had before.

The era of the single-handed G.P. may not be coming to an end as you suggest. A single-handed doctor who has the opportunity of working from a Health Centre may in fact be able to offer the best of both worlds—the exclusive family physician on the one hand backed up by the complete range of ancillary staff based on the Centre. No need to sacrifice any of the "friend of the family" attitude.

There is no need to have Consultants consulting in every Health Centre, as you suggested. This will only be possible where the financial assessment of alternatives make such an arrangement preferable to all concerned. However, a Health Centre some distance from the District Hospital may well be ideally suited to service Community beds. An example of this exists at Peppard in the Oxford region.

You talk of "administrative ivory towers". Let us hope that the medical administration responsible for the new Tower block in Guy's will take note of your plea. It should be the right of every Medical Student at Guy's to see a really good general practice for a few days (and have his expenses paid). After all the Community requires some 50 per cent of Graduates to specialise in General Practice.

Health Centres are here to stay, but they need critical assessment from the new generation. Yours sincerely,

Health Centre, DR. M. G. F. CROWE (Guy's, 1962),
Syston, Leicester, LE7 8EQ. DR. D. S. HURWOOD (Guy's, 1949).

SIR,—The London G.P. who writes in *The Times*, and who you quote in Passim, has not only accumulated a large stock of keys, but also, no doubt, a notable army of Secretaries, untrained white-coated workers, receptionists, inquisitors, cleaners, and mechanics looking after tea and coffee machines. Why is he so lucky? I bet he regrets his translation into a higher sphere now!

It is ridiculous for you to state "that the era of the single-handed G.P. is coming to an end; and that although there will be many patients who will lose out (what an expression!) on the personal touch, this can be nothing but a good thing." Who are you to judge; and what do you know about General Practice?

Many patients regret, and will continue to regret the loss of privacy, quiet and close contact to be found in the G.P.'s consulting room in his own house. They do not like this public display of their ailments in a Health Centre. They also regret the fact that the doctor they see on Monday is often not the same man they see on Friday, who knows nothing about them at all.

I qualified in 1930 and have spent my life in the country. There are at least five single-handed G.P.s in this area. We are well served with excellent Queen's Nurses (who are also Health Visitors and Midwives), with Home Helps and Meals on Wheels, and the facilities of several good hospitals in the area. All this cannot be squeezed into a chromium-plated Health Centre covered with plate-glass and full of plastic flowers.

If, Sir, when you have finished your House Appointments you elect to enter General Practice through the portals of a local Health Centre, I weep for you. You will never know what you have missed.

The Keys, Yours truly,
Herstmonceux, Sussex. L. K. ROBSON.

SPORT

RUGBY

GUY'S v. LOUGHBOROUGH COLLEGES

Lost 26—9. Loughborough, 11th November.

Against the wind and up a slope, Guy's soon were in trouble and Loughborough scored in the opening minutes. The hospital took some time to settle down, but gradually they came more into the game as the forwards rucked with greater unison. There was little to choose between the sides in the first half. Guy's came very close to scoring and Portelly crossed the line but was judged to have placed his foot in touch. Some unkind words to the touch-judge did not go unnoticed, and the subsequent penalty took play back into the Guy's half. Loughborough scored another try before half-time. In the second half and with the elements in their favour Guy's attacked with determination. Cook scored a try after an interception and a fine 70-yard run. Despite keeping Loughborough more or less within their own 25 yard line for much of the second half, Guy's could add only a dropped goal by Owen to their total. With some desperation and the score at 10—9, Loughborough counter-attacked by running the ball from their own line. The Guy's defence was fully extended and with a considerable overlap Loughborough scored their third try. Some of the spirit went out of the Guy's side as Loughborough produced some spectacular running, which the hospital found hard to match. Two more tries followed in quick succession. Guy's fought back and were once again on top in the closing minutes, but the revival was too late to matter.

Team : M. Danford, R. Yetton, T. Druett, A. Cook, A. Portelly, G. Owen, M. Phillips, G. Evans, T. Gibson, T. Want, D. Stuart, S. Challacombe, N. Allen, R. Massey, K. Rigg.

T. GIBSON.

SQUASH CLUB

Squash is the most popular sport at Guy's, and the fixture list of nearly 90 matches provides games for many players of varied standards. Guy's are playing in three competitions this season—the Cumberland Cup and the Hospital's Cup and the London University League (two teams)—in addition to a wide variety of friendly matches.

After last season Guy's were promoted to Division 3 in the Cumberland Cup. Despite a slow start, we have excellent prospects of doing well, and next season must have a very good chance of promotion.

Although success is not everything, it is important in a thriving and expanding club. With continual use, the two courts have deteriorated considerably and it is hoped that the money can be found to give them a thorough overhaul, in particular to replace the two front walls.

PRESIDENT'S MATCH

Mr. Maynard's team was beaten by four matches to one. The best game was at number one, in which John Lewis just defeated Charles Thorburn 3—2. After the match Mr. Maynard, as usual, treated the teams to a most enjoyable evening at the Players' Theatre.

Teams : Dr. Thorburn, Mr. Lallemand, Dr. Chantler, Mr. Hill, Mr. Maynard; J. Lewis, C. Gilbert, R. Kirschen, C. Ellis, D. Evans.

Cumberland Cup results:—v. South Kensington, lost 0—5; v. National Westminster, won 3—2; v. Connaught, lost 3—2; v. Finchley Manor, won 4—1; v. Lenhbury, lost 3—2.

CHRIS MACKENZIE

HOSPITAL INFORMATION

GUY'S HOSPITAL NURSES' LEAGUE.
SIR COSMO AND LADY MABEL BONSOR SCHOLARSHIP.

£400 is available for Members of the League to undertake Post-Registration Study at home or abroad. Applications, giving details to the Study to be undertaken, should be sent to The Honorary Secretary, Guy's Hospital Nurses' League, Nursing Administration, Guy's Hospital, London, SE1 9RT, by the 12th December, 1972.

PERSONAL

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CHANGES OF ADDRESS

Mr. and Mrs. A. W. Banks, 73, Porangahau Road, Waipukurau, Hawkes Bay, New Zealand.

P. E. Gerrard, B.D.S., L.D.S., R.C.S., Dental Officer, District Hospital, Kuala Belait, Brunei.

Dr. and Mrs. Simon McCall, The Smith Clinic, 144, Main Street East, Hawkesbury, Ontario, Canada.

Dr. D. S. Robins, Sick Quarters, H.M.S. Pembroke, Chatham, Kent.

BIRTH

VERNON.—On 26th October, 1972, in Colchester, to Gilian (née Goldsmith) and Dr. Mike Vernon, a son, Peter Granville, brother for Sarah and Clare.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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NURSING CORRESPONDENT Miss P. M. JEFFERIES

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FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2202

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Silver Stars and Bolting Horses

A little over two years ago, a great debate raged in Parliament; letters were published in respected journals and whole television programmes were devoted to one subject — the reduction of the most widespread disease in this country by more than half. The cost was minimal; the savings in lives, pain and money beyond estimation and the effect conparable to those techniques provided by Lister, Pasteur and Fleming. And yet the proposals presented were rejected by a weak government and by ill-informed or ignorant local councils. The proposals were of course the fluoridation of the water supplies and the reduction of caries. The debate and arguments have died down, the dental profession is quiet and the dentist spends 95 per cent of his time, closing the door after the horse has bolted. Few people would argue that the adjustment of the levels of the fluoride does not reduce the incidence of caries; indeed the claims of a 50 per cent reduction are supported by overwhelming evidence. Opposition to fluoridation is based on three arguments.

(i) That the possibility of toxic effects has not been fully eliminated.

It is of course impossible to prove a negative, but of the 100 million people whose water has been fluoridated (mostly in the United States) no adverse reactions have been observed. The incidence of tooth mottling is neglible under 2 p.p.m. fluoride.

(ii) That the dental benefits are too small or the cost too great to justify fluoridation.

Addition of fluoride to the water began as early as 1945 in the United States and covers nearly half the population. Detailed analysis shows that the reduction of caries in children, the most susceptible

patients, is of the order of 50 per cent. This claim cannot be refuted.

(iii) That fluoridation interferes with the liberty of the subject.

This argument is indeed very valid, and has proved to be the downfall of the advocates of fluoridation. It is true that we will not be able to choose whether to drink fluoridated or non-fluoridated water and this can be construed as an invasion of our liberty. And yet the British public has for many years tolerated and pressed for added iron and vitamins to bread; flavouring and colouring to many foods. The public has also realised that things which are in their long term interest may involve both immediate sacrifice and expense — such an example has been the recent environment and pollution fervour; this public awareness has only been achieved by a sustained campaign and effective education.

Undoubtedly, water fluoridation is the only effective means that we have to reduce caries on a mass scale and whatever the compromises we make (such as fluoridated dentifrices) and research possibilities that exist it is the clear duty of every dentist and dental student to explain the advantages of fluoridation and for the Dental Profession as a whole to mount an ever increasing campaign. Let us keep "the little silver stars" out of our teeth from the start.

NEWS IN BRIEF

Dr. A. C. Hampson.

Dr. A. C. Hampson, M.C., M.D., M.A., F.R.C.P., died on 26th September, this year. An obituary is to be found on page 570.

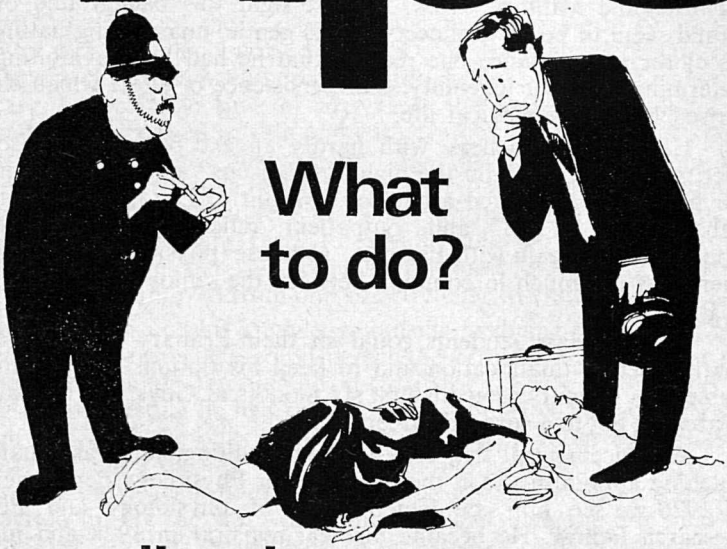
"Welfare Officer".

The University of London Student Representative Council has realised the need for a student "Welfare Officer" actively concerned with acommodation, as students do not take full advantage of the service offered by the full-time Acommodation Officer at U.L.U. A member of the S.R.C. executive has thus been elected to fulfil this rôle and any Guy's student with acommodation problems should contact the Welfare Officer.

Elective Period.

Students requiring information about electives should contact the B.M.S.A. representative or the Secretary to the Physiology Department.

mps



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OBITUARY

Arthur Cecil Hampson, M.C., M.A., M.D., F.R.C.P.

Arthur Cecil Hampson came to Guy's in October, 1921 as a clinical student from Cambridge where he had already obtained a first-class in this degree. He seemed a little older than the average student while his shyness and unmistakable industry and ability marked him as an unusual student from the beginning. He was, in fact, 27 years of age, and few of his contemporaries knew that he had, as a Major in the R.F.A., commanded a battery of heavy howitzers manoeuvring them back and forth in Flanders mud and had been awarded the Military Cross. At first sight this background of war would seem to be at variance with his gentle, unassuming nature, but on closer acquaintance one realises that he had been exhibiting that determination, that ingenuity, that persistence of effort which characterised his future medical life.

His clinical teachers, with hardly an exception, recognised his merits and awarded him the highest "sign-ups" so that it was natural for him to be appointed a clinical assistant to Dr. John Fawcett and subsequently A.H.S. and outpatient officer ending his house appointments, again with Fawcett, as house physician. In retrospect there was not much in common between the senior physician and his H.P.

In those days students could sit their Primary F.R.C.S., examination before qualification and to keep his options open, Hampson passed his Primary after his first six months at Guys, but this was the nearest he got to a surgical career!

Advancement at that time to the consulting staff was usually via teaching appointments in the Anatomy or Physiology departments so in 1926 we see him as demonstrator of physiology and Poulton Research Fellow. He became medical registrar in 1928 and in 1930 was appointed to the staff as assistant physician and assistant physician to the Children's department. In the first five years he worked solely in the latter but then, a vacancy occurring, he moved over to the general medical list and by 1947 was a full physician. He never ceased to have a wonderful facility in the care and treatment of children of all ages. During his student years he had ideas as to the cause of jaundice in the new-born and later evolved a simple procedure to overcome this usually fatal condition. As a consequence his home was decorated with the photographs of children sent by grateful parents. It was always a great sadness for him that he had no children of his own.

In addition to his appointment to Guys, Hampson was consulting physician to Queen Mary's Hospital, Stratford, and to the Seamens' Dreadnought Hospital as well as attending Bromley, Caterham and Beckenham Hospitals. It was from these varied appointments that he built up a vast clinical experience which sometimes amazed his colleagues and even, on occasion, made them incredulous. But

Hampson never exaggerated. To quote from "Passim" of 1959: "He is a man who by his sympathetic clinical approach, his constructive teaching, his unfailing modesty and his gentle humour, has earned profound respect as well as deep affection among the countless men and women who have come under his influence".

The Second World War saw him appointed deputy group officer of Sector X with Professor T. B. Johnston in the Emergency Medical Service with headquarters adjoining Orpington Hospital. From here the distribution of medical personnel in the sector, the accommodating of air-raid casualties and civilian and military sick was largely his concern. It was then that his meticulous attention to detail, his unselfishness and his remarkable memory made him the perfect administrator.

Many of the wounded evacuated from Dunkirk passed through Sector X and one of the earliest convoys was to come to Orpington Hospital. Priority telephone lines to the Dover docks enabled Hampson to keep in close touch with the conditions there and to be able to forecast the probable time of arrival of the ambulance column at Orpington. He waited in vain and with ever increasing concern about his arrangements until, many hours late, the dimmed lights of the leading ambulance could be seen. To everyone's surprise the ambulances were regular army vehicles. The plan had been to transfer, at Maidstone, the stretcher cases to E.M.S. cars. No one had known that the army stretcher was too long for these or that the patients were too ill to be moved from one size stretcher to another!

His interests and his knowledge outside medicine were varied and sometimes surprising. He could detect the errors and failures in the engine of his motor car but did not drive it. Early in the days of wireless broadcasting he had constructed his multi-valve receiving set, hidden it behind the oak panelling of the dining room and enjoyed the results from a speaker in a large sounding board in another room. He knew a great deal about gardening and especially about vegetable production during the war years. But his chief love was for pictures and his ever increasing knowledge of the work of some artists enabled him to collect many treasures and to offer expert opinion even among professionals.

It would be ungracious in any record of the life of Arthur Hampson, not to mention his dear wife Anne who was his "chauffeur" by day or night, often his secretary and latterly his devoted nurse. Unhappily the latter years of his retirement in his Cotswold home were overshadowed by chronic ill-health, often distressing. He had lived under the shadow of familial cardiac disease but in spite of this he was for over 50 years a true disciple of Guy's, always giving, rarely receiving.

R. J. C.

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The MURRAY REPORT

" A brief synopsis "

by David J. Jones (Student Club President)

On 13th November, 1972, there was published the "Final Report of the Committee of Enquiry into the Governance of the University of London", otherwise known as the Murray Report. For those people who have been put off by its size (258 pages and 199 recommendations) or its price (£1), this is intended to be a brief synopsis emphasising the more important points in the Report.

It is probably the most important document to be produced for the University since the last major changes occurred in 1929 after the Hilton-Young report. The committee was appointed in 1970 by the University and the University Grants Committee (U.G.C.). Five members were nominated by the University including one teacher, one member of Convocation, one Head of a School, one member of the Court and one person chosen after consultation with the Student Representative Council (S.R.C.) i.e. a student. The Chairman, Lord Murray, had been chairman of the U.G.C. from 1953-1963 and four other members were also nominated by the U.G.C. from persons outside the University. They were given the following terms of reference.

"In the light of changing circumstances in higher education both in London and in the country generally, to consider and advise on the future of the University of London as a federal institution, with special reference to:

(a) the functions, powers and composition of the Senate and the composition and responsibilities of its standing committees and councils;

(b) the functions and powers of convocation;

(c) the relationship between the Internal and the External degree systems;

d) the functions, powers and composition of the Court;

(e) the question of effective participation of staff and students in the decision making process directly affecting them.

(f) the relationship between Schools and the University and with each other;

(g) consequent changes in administrative arrangements; and to report thereon.

They received written and oral evidence from nearly 300 institutions (Guy's included), persons or groups of persons.

The report assumes that most, if not all of the recommendations in the Todd Report on Medical Education (1968) will be implemented. These include a series of mergers which will reduce the number of

medical schools to six (e.g. Guy's — King's), and the integration of each of the resulting Medical Schools with one of the multi-faculty colleges as the colleges faculty of medicine.

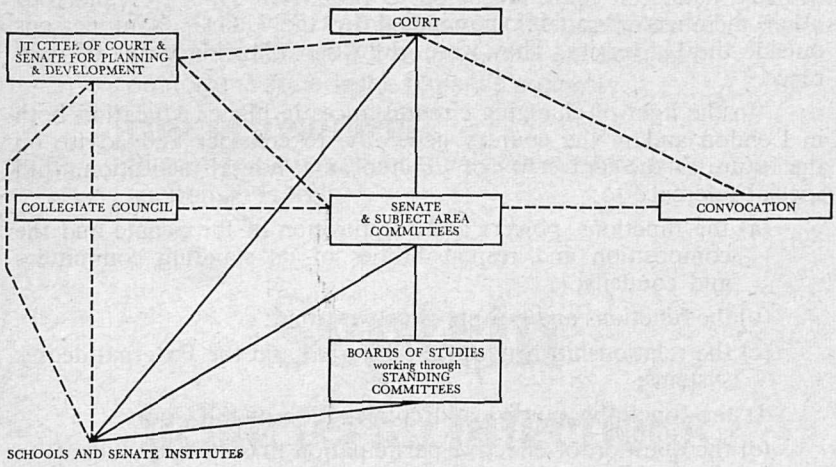
The University has a unique form of governance, the Federal system and many problems co-exist with it. The first recommendation of the Report is probably the most important, because it is on this supposition that the remainder of the recommendations are based.

It would appear that there is practically unanimous support for the maintenance of the federal system and as such the Report recommends that, "The Federal system should be maintained in order to secure the optimum use of resources and to maintain standards throughout the University".

PROPOSED STRUCTURE

Flow charts of Relationships of University Committees

——— Routes for initiative and decisions - - - - Consultation only


COURT
JT CTTEE OF COURT & SENATE FOR PLANNING & DEVELOPMENT
COLLEGIATE COUNCIL
SENATE & SUBJECT AREA COMMITTEES
CONVOCATION
BOARDS OF STUDIES working through STANDING COMMITTEES
SCHOOLS AND SENATE INSTITUTES

The Report believes that whilst the idea of two or three very large colleges (of 10,000 or more students) is to be deplored, there are too many small and independent schools within the University and that they should be associated into larger groups.

It is from this premise that they feel that the Todd Report should be closely adhered to. They agree however that the Royal Postgraduate Medical School, on account of its size, international stature and wide diversity of specialities should become an independent School of the University.

One of the hospital's neighbours in South East London is Goldsmith's College, who for a long time have been canvassing for admission as a school of the University. At present they are what is known as an Institute with Recognised Teachers, and combine Departments of Education, Arts and Science, including Adult Studies. The Report feels they should be given independent status as a self-governing body; it would not be appropriate to make them a School of the University.

At present there is not the provision for as many academic staff to have a say as one would expect in a place of such academic excellence. The report recognises that the primary function of the University is academic; the managerial function is important, but secondary. Following on from this it is refreshing to read, "There should be the fullest possible participation by the academic staff on a representative basis in the academic organisation and government of the University", and, "The academic benefits of inter-collegiate co-operation and rationalisation are just as important as the financial benefits".

It is often worrying in any large institution or organisation when the running and financial sides tend to outweigh the reasons that the institution exists (in the case of the University for academic betterment). The Murray Committee seem fully aware of this problem, "Lay represenation in the government of the University is important and should be maintained but lay members need not be in the majority or have a formal control".

If one is to accept the principle of greater academic participation then it follows that sudents, as junior academics, should be given some degree of representation. Indeed the Murray Committee is to be congratulated for its recognition of this. They state, "Student participation is most directly valuable and relevant at college level; but arrangements should be made for students to participate in the academic organisation of the University, particularly at Boards of Studies and Senate". It is interesting to note that the downward trend in student militancy is in proportion to the rise in student representation on the collegiate level, achieved by reasoned, and sensible discussion.

"The Senate should be an academic body consisting apart from ex-officio and co-opted members, of elected representatives from the Schools, representatives of the Collegiate council, and student representatives. Students would therefore be represented in two ways, by the President of U.L.U. and the Chairman of the S.R.C. (representative of the student body as a whole), and by students elected on a subject or disciplinary basis from the Subject Area Committees (of which there are five) thus giving seven student senators. The Court, however, would be established as the supreme governing body, subject to the convention that on matters of academic policy it accepts the advice of Senate".

The Report has some interesting comments and recommendations in the case of Convocation. Convocation is in effect the "Old Boys' Club" of the University. It consists of the Chancellor, the Vice-

Chancellor, and graduates of the University, once they have paid the prescribed fee. Both Convocation and the Report agree that they should also include as members all the academic staff of the University (whilst they are teachers within the University). Although in the past Convocation has done much for the University, it has recently become an almost reactionary body closely guarding its own not inconsiderable power at the expense of the progress of the University. The Report recommends that the present 18 Convocation members on Senate should be reduced to two or three co-opted members. However, it would become a large assembly of graduates and academic staff of the University, and as such should prove to be a valuable crystallising ground for discussions, both relevant and realistic to the University.

Thus the Report contains a mixed bag of recommendations; students, academic staff, Heads of Schools and lay administrators will find much in it to discuss. It is important however, to remember that the recommendations will take years to implement and it may be the mid '80s before any of them come into effect. They can be vetoed at any stage by the University (Court, Senate or Convocation), or the Privy Council and that they then need an Act of Parliament to finalise them.

The first step has already been made; the setting up of a Working Party by the University to look at the recommendations in more detail. This consists of approximately 30 members, six of whom are students (including a medic).

The University will look with great interest to the report of the Working Party, but it will only be the start.

GUY'S DIARY

DECEMBER

5	Tu.	1.00	Clinical Lecture. Mr. DOUEK.
7	Th.	1.00	Clinical Lecture. Dr. MACKENZIE. "Myopathy and Myasthenia"
8	Fr.	1.00	Clinical Lecture. Mr. KANSKI.

Clinical lectures are held in the Anatomy Theatre and are open to all students and staff.

BOOK REVIEW

THE TREATMENT OF THE CHILD AT HOME. A Guide for Family Doctors.
R. S. Illingworth pp. xv + 301. £2.75. Oxford and Edinburgh Blackwell Scientific 1971.

Treatment is the aim of clinical medicine, and diagnosis is the route used for treatment — or is it? Surely one of the clinician's clichés is "I may not know what is wrong, but I know what to do". However, treatment is usually better if the diagnosis is correct. The trouble with this approach is that many conditions in paediatric practice — and especially those for which the child does not need to go into hospital, are undiagnosable: they present as symptoms and remain so. It is therefore realistic that Part II of this book is headed "The treatment of individual symptoms and diseases".

Part I contains general comments on treatment, such as bed rest, diet, keeping the child from school, mistakes in treatment, and a number of pages on use of drugs.

In general, this is an excellent book, with sound practical advice, not only for the family doctor, for whom it is especially written, but for many doctors who come into contact with children. The text is necessarily dogmatic (it is not a dictionary of all treatment) and includes advice which to some may be obvious, but which needs emphasising: "don't tell the mother she is being over anxious", "talk to the child as well as to the parents" to name but two examples.

It is often easy to notice some errors in any book, but I was sorry not to see growth and development guidelines mentioned, as these are surely required for recognition and hence treatment, e.g., hydrocephalus, developmental delay etc. The table for mean and range of haemoglobin levels at various ages is misleading; infants aged two weeks to three months are grouped together to give a mean of 14G per cent (range 10.7 to 17.3); this grouping covers far too wide an age range during which time the haemoglobin level is rapidly changing. Unfortunately, no reference is given for the figures.

The appendices contain useful information, such as the official and trade names of drugs — certainly quicker to use than MIMS. The mean weights of children at different ages are given, but height and head circumference are both omitted. I personally would prefer to see Fahrenheit/Centigrade equivalents omitted if space is that short, but perhaps metrication and the Common Market are being anticipated.

This is a book which many doctors and nurses will find useful, and should stimulate them to read the subject in greater depth.

MICHAEL JOSEPH.

NUTRITION AND ITS DISORDERS, by Donald S. McLaren.
Published by Churchill Livingston, 1972 pp. 280. Price £1.50.

Nutrition tends to be neglected in the Medical Curriculum, a great shame in view of the fact that it is somehow involved in almost every branch of the discipline. The population as a whole is becoming more aware of the associations of certain conditions with the diet, and it would seem advisable for the practitioner to be able to answer satisfactorily questions put to him by his patients about these as well as being familiar with the subject for his own benefit.

The field of nutrition is a vast one about which great tomes have been written with the result that the general medical reader is often turned from pursuing the subject to any length. This is a small volume, yet by dividing the book into four parts — normal nutrition, primary and secondary nutritional disorders, and nutrition in the community, the author has succeeded in producing a remarkably complete introduction to the subject. By concise writing some of the more esoteric aspects are explained with acceptable precision although there are a few minor slips elsewhere.

If you want a small, readable book, up-to-date and reasonably complete, then this one, written by an authority actively engaged in research and teaching, can be highly recommended.

IAN R. WHITE.

Dental Society

The two recent lectures given to the Dental Society have been of special interest—the Student Communication on Exchanges to the U.S.A. and the "Exposé of the Department of Oral Immunology and Microbiology".

The Alfred Rycroft Scholarship provides opportunities for four final year dental students to visit colleagues "across the pond", Kevin Moseley and Tim Hudson visited Buffalo University, New York, where students tend to do less Oral Surgery and more Crown and Bridge. All patients have individual Treatment Planning and have to contribute to the costs. Neil McLeod and Malcolm Schaller visited Tufts University, Boston, where great emphasis is placed on Preventive Dentistry and less on Prosthetics. They also visited some practises, including the "Concord Dental Centre" where eleven specialists work in a purpose-built complex. The benefits from this exchange and comparison were obvious and it is hoped that this will be continued.

Professor T. Lehner introduced the "Exposé" with five presentations from the Department. Mr. Challacombe gave us the latest information on "Vaccination against Dental Caries"—showing the relation of Streptococcus Mutans to active caries. Dr. Wilson showed the results of investigation into Recurrent Herpetic Infection and Mr. Shillitoe reminded us of the possible Immunological cause for Benign to Malignant changes in Oral Carcinoma. Dr. Ivanyi postulated a link between cell mediated immune response and Gingivitis and Mild Periodontitis. With only minutes left, Professor Lehner explained the results of the Student Gingivitis programme showing that a marked sensitisation and cell mediated response had been developed in these students who had been paid not to brush their teeth for one month. So many members of the public would have qualified for this without any payment!

The Annual Ball at the Grosvenor House was enjoyed by 600 guests, and our thanks are due to Miss Sue Smart and Mr. Huw Thomas whose organisation was so efficient, even to the point of winning some of the Tombola prizes themselves.

The next meeting of the Dental Society will be on Tuesday, 5th December. at 5.30 in the Dental lecture theatre, when H. Colin Davies, F.D.S., will be speaking on "A survey of our Sacred Cows".

MARGARET HOOLEY,
Hon. Secretary Dental Society.

SNOWFLAKE BALL

The Snowflake Ball will be held on Thursday, 7th December, 8.00 p.m. to 1.00 a.m. with Kenny Ball and his Jazzmen, and (by popular request) wild Wally and Rock 'n Roll show. Disco and Light Show Films. Buffet Supper. Black Tie.

Tickets at 4 gns. Double may be obtained from L. J. Read, c/o East Wing, or by application to the Editor, *Gazette* Offices.

NURSING

Training the Trained

During the last few years, many student nurses in this country have been subjected to training schemes, which are considerably different in both structure and content from any which have been practised before.

One of the new systems has been that based on a modular scheme as in the universities, which is designed to correlate both theory and practice in any one subject, in order that one is reinforced by the other. Thus, during the three months spent working in a medical ward, the nurse will daily receive theoretical instruction in that subject from the tutorial staff. It is hoped that in this way, the general standard of knowledge will improve.

Another innovation, which in the eyes of many is somewhat belated, is the inclusion in the training, of a period of time working in the community. Thus, the nurse will have the opportunity to see and learn at first hand, a little of the social services, and of the patients in their own homes.

All of this of course is considered to be very progressive, and aimed at providing an improved and extended training for the students. It has, however, been noticeable, that when introduced, these schemes have met with much resistance from trained staff, and to a certain degree from the students not benefiting thereby. Why should this occur, and what can be done to eradicate these feelings?

In the first place, one fact stands out very clearly. No one has taken the trouble to introduce these schemes to the trained staff in an adequate manner. Furthermore, the plans were made in great secrecy, thus ensuring that those who have to bear the brunt (the ward sisters) wou'd be resentful. Secondly, no attempt has been made to prepare the trained staff, by giving them any further education, and equip them to assist the trainee nurses.

It does seem a little incongruous, that the trained staff in hospitals are totally unaware of the new syllabus of training, and have been given no assistance in that direction. Although it is frequently not acknowledged, the Ward Sisters are responsible for a great deal of nurse teaching, and a large amount of tuition is in fact done in the clinical areas. Is it not then reasonable for Ward Sisters to be aware of training plans, and to have had some similar experience in order that they can communicate with their students?

A common erroneous impression in the Health Service, is that a nurse, having acquired the rank of Ward Sister, needs no further teaching. This is of course entirely wrong, and most frustrating for those concerned. Why, like doctors, should they not have sabbatical leave very six years? They could then broaden their experience, and their minds, and prove far more valuable in their work. As it is, the Ward Sister is increasingly becoming an overworked "pair of hands" whose potential as an essential part of the teaching team is not exploited. Since these people are the only ones who are able to keep

abreast of new developments, the foolhardiness of not taking full advantage of their expertise is very evident, and quite incomprehensible.

CORRESPONDENCE

SIR,—May I draw the attention of your readers to the artist of "Into the Light", (p. 46 Centenary Edition). The signature, "Leigh Parry" has not been reproduced, but he is a member of the Pastel Society and is a talented artist; he qualified from Guy's in 1945 and now practises at Stamford, Lincs. In the Guy's directory he appears as T. C. L. Parry.

Incidentally, some may be confused by reference to the Jubilee number of 1936, but this of course, was 50 years from the reappearance of the *Gazette* in 1887 after its suspension in 1880.

The statue of Guy was encased in sandbags and brickwork for the duration of the war.

Yours etc.,
J. B. BLAIKLEY, *Ex-Editor*

8 Tollgate Drive,
College Road,
Dulwich, S.E.21.

An Apple a Day.....

SIR,—"The best teachers do not *profess* to form the mind, but to *direct* it in such a manner and put such tools in its power—that it builds up itself."—*Walt Whitman.*

Many articles have been written about Clinical Teachers—our rôle, expectations, training, experience and job satisfaction. However, to quote from an article from the Guy's *Gazette* (9.9.1972) "the incentives to becoming a Clinical Instructor are virtually nil"—can certainly only apply to the writer, and others who feel likewise and as was so obviously apparent has had limited knowledge of Clinical Teaching, and has certainly never been a Clinical Teacher. It is no more frustrating for us, in any aspect of the clinical situation, than it is for a Ward Sister or a Nursing Officer, who is conscientious about the care of the patients, or the administration of the ward. And we have all been Ward Sisters ! !

It would do well for the writer of the article to read the Occasional Paper in the *Nursing Times* (10.8.1972) by John Sheahan, Tutor, Institute of Advanced Education, Royal College of Nursing, London, entitled "A Silver Milestone in Clinical Teaching"—and the 60 references on Clinical Teaching which he researched and lists.

With the implementation of Salmon; the 1969 syllabus of Student Training, and the recommendations of the Briggs Report, Clinical Teaching is here to stay, and it is important that student nurses have good correlation of theory and practise. Clinical Teachers have a long hard struggle ahead of us at Guy's, but to enable better understanding Nursing and Medical Staff must understand our problems and the invaluable help we offer.

Our main functions fall into three basic categories :—

1. As a Nurse.
2. Social Skills.
3. As a Teacher.

1. *As a Nurse.*—The Clinical Teacher must primarily be manually dextrous, have good knowledge of Nursing techniques, high Nursing standards and a good sense of timing, ensuring minimal disturbance in the ward. Her information and knowledge must be up-to-date; she must be aware of the resources available and the proper use of equipment, having good nurse/patient relationships; and her professionalism must be equable under pressure.

2. *Social Skills.*—She should ensure good relationships with her colleagues by being co-operative, and amenable to advice. Enthusiasm, punctuality, good grooming, broad interests and clarity of speech are of extreme importance.

3. *As a Teacher.*—Finding opportunities to teach—assessing nurses' needs

and giving appropriate supervision where required. Even correcting nurses tactfully requires skill, and a sense of humour does not go unrewarded here. Demonstrations, the use of Visual Aids, Group Discussions are advantageous and good teaching methods stimulate and encourage questions.

There must be a prepared nursing plan, allowing for flexibility, so as not to impede ward routine, and the Nurse-in-Charge knows the plan of work with the student involved. Keeping abreast of trends and developments in Nursing and encouraging student participation in this is also very important.

Knowledge of the Hospital Administration, Ward Routine, Personnel and other Departments are all important factors, but we must not lose sight of the fact that the patients are our prime concern.

We hope that as time progresses and more people filter into Clinical Teaching for the right reasons, that we will be accepted as part of the ward team and that we are there to nurse, teach, and NOT TO INTERFERE, except with the nurses' learning. We find our jobs satisfying, are always there to advise and we do not all want to become Nurse Tutors.

So, you see, the Department of Education is alive and doing well.

Yours faithfully,

FERN E. JONES,
S.R.N., Clinical Teacher.
On behalf of the Clinical Teaching Staff,

School of Nursing,
Guy's Hospital,
London Bridge, SE1 9RT.

Community Health

SIR,—The title of your Passim (21st October, 1972) sounded most promising. "Total Patient Care" is indeed what General Practice is about—the patient as a whole person—body and mind, feelings and family, surroundings and society. There is a substantial fund of this knowledge now available, based on 50 years of painstaking research, and teachable by carefully developed Seminar techniques. "The doctor, his patient and the illness" by the late Dr. Michael Balint of University College Hospital, is a best seller throughout the world but less widely appreciated here, is the prophet's own adopted country. It is concerned with the doctor's and patient's understanding of each other and many other publications have arisen from his fundamental contribution.

It is the more disturbing, therefore, to find that your text goes on to describe something different and in these terms "old hat"; namely the transfer of what are basically hospital out-patient systems and facilities, consultant centred and taught, back to the district at the cost of the "Family friend" concept. The "Family friend" concept is now scientifically understood, defined and developed into a therapeutical technique. Here in a true psychosomatic medicine, taught by those who know it, are the challenging frontiers of total patient care.

Clearly Guy's is trying to put its great resources towards the advancing study of family medicine. It will be sad indeed if they are heading along the wrong track.

Yours sincerely,

DR. D. E. TUNNADINE,
DR. L. P. D. TUNNADINE.

1, Leighton Road,
Linslade,
Leighton Buzzard.

Down Under

SIR,—As a Guy's graduate who has recently arrived in Australia from England I have found a situation that may be of interest to other young Guy's graduates.

The entry of undergraduates to the course in New South Wales was temporarily restricted some years ago owing to the extension of secondary school educational requirements from five to six years; in 1973, the effects of this will be felt, and the resultant reduced numbers of graduates will superimpose an acute shortage of pre-registration housemen on an already existing

chronic shortage of all junior staff. The hospital authorities are more than anxious to attract British-trained graduates, and the salaries of £3,100-£3,600 have recently been supplemented by an overtime agreement which pays for all nights and all weekends on duty. The accommodation is of a very high standard, and the cost of living is comparable with London.

For the junior staff the training is excellent, and the honorary (consultant) medical officers are eager to teach.

Bulli Hospital itself, a 104-bed general hospital with obstetric and paediatric departments, is anxious to recruit another resident medical officer to start in January 1973, or as soon thereafter as possible, and I am sure that anyone taking the post (married flat at £1.50 a week is included) will find it as pleasant as I have myself.

Yours sincerely,

JOHN BATES

Bulli District Hospital,
P.O. Box 21,
Bulli, N.S.W. 2516,
Australia.

Spit Prices

SIR,—Once again the cost of eating in the "Spit" has risen, due to a loss of several thousand pounds since the prices were last increased.

Let us consider for a moment what we are paying for in the Spit. Every lunchtime in the academic year, the queue for the cafeteria begins almost in the consultant's car park. Many clinical students who have not much more than thirty minutes for lunch find they have to queue for at least twenty minutes before being served. When they reach the menu they usually find the variety minimal, and the food of no great quality.

Having bought one's lunch, one is now obliged to wait for the arrival of the cutlery or the "washed" unwashed glasses. Next the battle for a table begins, followed by the hunt for a chair, followed by the search for your lunch which by this time, if it is not cold, has been cleared away by the only enthusiastic members of the cafeteria staff.

In these days of inflation it would be unreasonable to think that the Spit prices would not increase, however we can hardly be unreasonable to expect an improvement in facilities, better meals, better service, and more variety on the menu.

I find it surprising that other eating places at Guy's provide a decent service, fairly inexpensive food and do not make as big a loss as the Spit. Cannot a leaf be taken out of their book, so that the Spit is no longer what its name implies?

Yours faithfully,

MALCOLM I. LEVENE.

East Wing
Guy's Hospital, S.E.1.

Centenary Edition

SIR,—As a past Editor of the *Gazette* and, so far as I know, the only one who is at present a member of the non-Emeritus Staff of the Hospital, I wonder if I may write a few lines at this time, and add my congratulations to those of my colleagues who were invited to contribute.

To reminisce is inevitable and, in doing so, I find myself agreeing with Dr. G. L. Davies, in the Centenary Edition, that the problem of producing a reasonably original "Passim" every fortnight was a considerable one for both the Editor and his Assistant Editor. Recently re-reading mine, I was reminded of one about House Appointments. At the time (May 1946) a prominent talking point throughout the Hospital concerned the increasing number of such appointments being allocated to Guy's men returning from service to civilian life. The reasons for choosing this subject were firstly, to highlight the situation; secondly, to request some local statement of policy on a matter which was naturally giving some concern to newly-qualified men, who saw this as an increasing threat to their chances of obtaining the much coveted house job at their own hospital; and thirdly, a continuing priority for all Editors, the ever present need to stimulate correspondence. The third of my aims met with more success than I could ever have foreseen.

The Editor's desk, normally the target for a handful of letters between issues, was inundated with contributions; I recall that the number eventually exceeded the forty mark, although post-war paper shortage allowed us to print only a few. Many of these were written in a highly emotional vein; two were written by the late J. J. Conybeare—one for publication, the other for *my personal consumption*! "Cony", having recently been demobilised from the R.A.F. as an Air Vice-Marshal, and a powerful and prominent figure at Guy's, reacted in a fashion that was perhaps predictable; he condemned my lack of patriotism and told me that I had no future at Guy's. Although the prediction proved inaccurate, the only consolation at the time was the fact that, in this large correspondence, there were more letters written in approval than in disapproval of the fact that the matter had been aired. Trivial in itself, the story accurately reflects the feelings of that period, and is a reminder of how the Gazette contrives to do this over the years.

Another memory is that of Miss Sidney, also mentioned in your Centenary Edition. This remarkable woman tall, angular, hoarse-voiced and beetle-browed, ran the Gazette Office—and the Gazette Officers—with startling efficiency. I have a clear mental picture of her gaunt frame lunging (she never moved in any other fashion) across the Office to the telephone, to coax from some would-be advertiser more money for the use of less space. There must be many past Editors who have had reason to be grateful to her.

Thanks to the *Gazette* for an excellent Centenary Edition, and for its continuing service to the Hospital.

Yours sincerely,

MICHAEL HALL

Keats House,
Guy's Hospital,
London, S.E.1.

SPORT

RUGBY

Guy's 25, Oxford 13

Honor Oak Park, 28th October.

Although playing no better than in their previous games Guy's were at last awarded a deserved victory. After several narrow losses against the run of play Guy's, far from being demoralised, simply went out to play their usual football knowing that sustained effort would change their fortunes. It did.

Against a heavier pack the Guy's forwards won most of the possession that mattered. The back row of Portelly, Holliday and Allen were in devastating form and apart from good covering they created several attacking moves that resulted in scores. The short line-outs, when executed swiftly, provided fast and smooth possession for the backs whose running was direct and determined. Oxford were unlucky to lose a man in the first half but the pattern of the game was by then already established. Guy's were clearly out to play enjoyable rugby and with forwards and backs linking in handling movements they created the style of play which best suits them and inevitably produces tries.

Oxford opened the scoring with a penalty but Guy's levelled with a penalty by Danford. After several threatening movements Cook eventually scored Guy's first try. Oxford managed another penalty before half-time.

In the second half it was only a matter of time before Guy's could add to their score. Yetton, whose speed and courage on the wing will gain many points for Guy's, was held short of the line several times before going over after Ross had broken through in the centre. Cook scored a second try after an orthodox move and Danford converted. Evans, the Guy's captain scored

a try for the second week in succession and by the same ruse of collecting a tap-down from the front of a line-out. Although Evans compares little with the usual metaphorical context of lightning he has suggested that it may strike twice. The fifth try was scored by Tony Portelly who leapt on a ball rolling loose over the Oxford line while the Oxford defence was somehow entangled a few yards away with Doug Stuart.

T.G.

Team: G. Evans, T. Gibson, T. Want, D. Stuart, K. Rigg, N. Allen, H. Holliday, M. Portelly, M. Phillips, G. Owen, A. Portelly, A. Cook, J. Ross, R. Yetton, M. Danford.

Guy's 7, Cambridge University 18

Cambridge, 14th October

Guy's started full of optimism and yet despite playing better football than for several seasons they lost yet again.

Cambridge kicked a penalty in the opening minutes after their forwards gained ground with some fierce rushes. The Guy's pack were undaunted, held Cambridge, then began exerting pressure themselves. For most of the first half neither side had a clear advantage. Guy's missed one glorious scoring opportunity and Danford's kicking was sadly astray. Out of seven attempts at penalty kicks he succeeded with only one.

The Guy's scrummaging was for once quite effective but in the line-outs Cambridge had a virtual monopoly of possession. In the loose play both sides kicked well but Cambridge were generally quicker to the break down and more cohesive once there.

Before the interval Cambridge scored a try after the ball rolled loose from a Guy's line-out.

In the second half Guy's maintained their pressure and Cook levelled the score after Cambridge attempted some adventurous passing on their own line.

Despite sustained pressure which kept Cambridge on the defence for fifteen minutes. Guy's could not achieve the vital possession that might have resulted in another score. A whole succession of line-outs was repeated to the point of tedium. Guy's would throw in, Cambridge would win the ball and kick into touch. So it went on for some time.

Cambridge went ahead with another penalty but Guy's persisted, never giving up. In the closing 10 minutes Cambridge scored two more tries that were well deserved and followed excellent attacking moves. It would be unfair to criticise the Guy's defence for these scores.

Although Guy's hopes were once again dashed the team worked hard and deserved more points. The standard of play is improving and if morale can be maintained there is no doubt that the team will start winning.

T.G.

Team: M. Danford, R. Yetton, R. Moore, A. Cook, A. Campbell, G. Owen, M. Phillips, G. Evans, T. Gibson, H. Munro, D. Stuart, K. Rigg, N. Allen, M. Portelly, H. Holliday.

Guy's 22, Esher 15

Esher, 4th November.

It was a tense and open game which Guy's won by virtue of their more enterprising rugby. The result was even more creditable in that Guy's played most of the match with 14 men after Ross was injured early in the first half.

The forward struggle was close and neither pack had a clear superiority. Guy's line-out work has shown a vast improvement since the season began but after a brief period of good scrummaging this aspect was once more untidy.

Possession was equally shared but the Guy's backs showed a greater flare in attack even with Allen substituting for Ross in the centre. Esher showed a willingness to counter-attack from deep in their own territory but some firm

tackling by the Guy's defence caused the Esher backs to hesitate before committing themselves. Ross and Portelly both produced a couple of crunching tackles that made distinct impressions on their opposition.

Esher opened the scoring with an easy penalty. Some good attacking moves by Guy's produced several near scores and eventually a try by Cook. Danford, whose kicking made the difference in the final scores, had a superb afternoon and put Guy's ahead 7-3 at the interval with a penalty.

In the second half the Guy's forwards set off on a rampaging run that took play up to the Esher line. The handling and running of the Guy's pack was at times very impressive. Rigg and Holliday initiated some outstanding attacking moves.

Esher gained a lot of ground and scored two tries from successive penalties, most of them entirely unnecessary. A particularly sensitive referee took objection to the far too frequent comments from some Guy's players. Stuart gained 20 yards with a crashing run then conceded twice the distance after being penalised for an aside to nobody in particular.

Guy's second try was scored by Yetton. Danford converted from the touchline. Holliday crossed the line for what seemed a good third try for Guy's but after a period of deliberation the referee directed a scrum for some ill-defined infringement.

The plentiful penalties offered to both sides allowed Danford to add three more goals to the total score.

Esher will have an opportunity for revenge because Guy's play them again later in the season at H.O.P.

T.G.

Team: M. Danford, R. Yetton, J. Ross, A. Cook, A. Portelly, G. Owen, M. Phillips, S. Challacombe, T. Gibson, T. Want, D. Stuart, K. Rigg, N. Allen, R. Massey, H. Holliday.

HOCKEY

Guy's 4, Maidstone 2nd XI 1

Away

After thrashing the London Hospital 5-0 two weeks previously, Guy's approached this match with quiet confidence. This confidence was rudely shattered in the first half, and completely dissipated when Maidstone scored with a quarter of an hour to go.

Guy's started skilfully, managed to construct several good attacking moves, and generally worried the opposition. After ten minutes Maidstone had fought their way back into the game, and from that point Guy's were struggling. Passes went astray, nobody moved into space to take a ball, especially at set pieces, and Guy's lost all control. The whistle to end the second half brought relief to the unfit players in Guy's side, numbering eleven.

A few stern words as the oranges were eaten and Guy's took to the field for round two. Unfortunately, the captain's verbal encouragement did little to raise Guy's hockey, and the second half continued in much the same way. Maidstaone then scored. This bodyblow proved to be the right stimulus to set the team into a more rhythmic motion.

A textbook move down the left wing, including Willmer and Burns, left Bayliss with little chance of not scoring, and Guy's were back level. Burns soon increased this score with a finely angled shot past a slightly over-extended goalkeeper. The last two goals came respectively from Willmer whose fourth attempt didn't hit the goalie, and Burn's again with a snapped up half chance.

A pleasing result in the end; but Guy's cannot afford to leave it so late against the much stronger sides in the fixture list. The other lessons to be learnt are that fitness as always counts, and to concentrate on the simple but most effective aspects of the game.

Team: K. J. Cottingham (capt.), G. Sparrow, R. Hannaford, C. Crawshaw, I. Phoenix, P. Calvert, P. Duckworth, A. Smith, T. Bayliss, R. Burns, P. Willmer.

It has been rumoured abroad that Guy's 3rd XI were beaten at Maidstone by 11-0. Pete Hodgkinson (capt.) emphatically denies this, and blames a subversive element in the hospital who are known to frequent a dark alleyway in S.E.23.

JOHN COTTINGHAM

RUGBY

Goldsmiths College 3, Guy's 2nd XV 53

Saturday, 21st October.

Both cricket weather and cricket scores persisted into the rugby season for this game. Dry weather provided ideal conditions for an open game, though the backs were unable to reach their true potential until the second half.

McLauchlan opened the scoring with a penalty to which Goldsmiths replied. Two tries by the back row and a conversion brought the score at half-time to 13-3.

Some straight running by the Guy's pack and good backing up, with Fitzgerald-Frazer, Reasbeck and Rook especially prominent, had worn the opposition down, and the second half consisted of a series of Guy's attacks, to which Goldsmiths had no answer. Particularly notable tries included strong running by Druett after a neat half break by Campbell, and some good solo running by McLauchlan.

Team and scorers as follows: D. Lewis; J. Harker; A. Campbell, 2 tries; T. Druett, 1 try; C. McLauchlan, 2 tries, 1 penalty, 3 conversions; R. Moore, 1 try; D. Oram (capt.), 1 try; T. Want; C. Howell; A. Collett; M. G. Thorley; J. Rooke; J. Fitzgerald-Frazer, 1 try; R. Massey, 1 try; P. Reasbeck, 2 tries.

R.F.M.

HOCKEY

Spirochaetes, 2—Freshers,1.

Played at H.O.P., Sunday, 15th October, 1972.

The annual Spiro's-Freshers hockey match started in traditional pomp and splendour with David Bailey (disguised as Roger Burns), taking a team photograph with all the spectators crowded into the back of a "mini", Dr. Colin Hunter-Craig ("M.D.") looked at J. R. Walkers, Esq. on the other touchline, nodded and whistled and the game began.

The Spiro's were unable to capitalise on some good attacking hockey but finally the Freshers' defence was breached with Geoff Sparrow scoring from a short comer.

The Freshmen quickly equalised. After an incisive run by Andy Hill the ball went into the net from a ruck of players past the helpless John Cottingham. The Freshmen played some positive hockey, most of the prompting and construction coming from their half-back line marshalled by Ian Phoenix.

The absence of alcoholic refreshment at half-time upset Nick Matthews but he received as much sympathy for this as for his crippled leg.

The second half was dominated by Spiro's except for a few through balls from the Freshers that were dealt with by Bob Hannaford and Geoff Sparrow. Messrs. Phoenix. Selly and Henely defended bravely and strongly, but a goal was imminent. There were many good Spiro moves, most of them set up by Paul Duckworth and the willing running of our own Peter Lorimer — Jeremy Horton. Clive Handler made a sixty-yard run ending up on the Freshers' by-line, only to fail from inadequate support from his colleagues.

"Tinned Bayleaves" third good effort at goal was rewarded with the match winner. Jeremy Horton sent over a crisp cross and Tim made no mistake.

The pitch was in very poor condition and unfortunately destroyed many of the better looking moves. One hopes that it will be remedied.

Other Results:

The Boat Race was won by Spiro's. The "Beer and Whisky doubles" by Roger Burns. Paul Willmer did a good three-man-lift.

CLIVE HANDLER.

Teams. Spiro's:— J. Cottingham, R. Hannaford, G. Sparrow, C. Handler, P. Duckworth, P. Willmer, N. Matthews, J. Horton, T. Bayliss, R. Burns, B. Jones.

SOCCER

Guy's 1st XI v. United Bristol Hospitals XI.

at Bristol, Saturday, 4th November.

Result: Won 3-1

A very early morning start was required in order to comply with the noon kick-off in Bristol, and the local morgue could have no doubt provided us with more energetic, less bewildered looking specimens of mankind, than those which were assembled at Paddington that morning. However, an enjoyable journey was had by all, and we passed through, and were passed by, some very pleasant scenery.

The pitch, once the empire of a local cabbage-grower, was in a state resembling that of the thaw after the frost, and was consequently very treacherous. This led to the normally stable Guy's defence suffering early periods of painful panic, and allowed Bristol a few ineffectual shots at goal. Guy's soon regained their composure, obtaining full measure of the conditions, and proceeded to tear apart the Bristol defence with some quick, precise build-ups. 15 minutes from half-time, justice was seen to be done when Underwood slammed a power drive into the opponents' net from the left wing. Although Guy's continued to pound the U.B.H. goal, Bristol managed to pull back an equaliser just before half-time.

Guy's began the second half more determined than ever, and Bristol were rarely given the opportunity or allowed to cross the centre line. Our defence dealt efficiently with all that Bristol had to offer and instigated attack after attack on their goal. After many near misses, Ramsey scored with a neatly placed header into the top left corner of the net, and 10 minutes from time, Evans sealed the victory for Guy's with a coolly placed shot through a morass of Bristol defenders.

For some, after the match meant an early train home, but for four of the more dedicated and conscientious members of the team, it meant Papaburger and chips and a chance to sample the sweeter (and the bitter) fruits of Bristol.

Team: T. Walker; K. Brame, S. Edwards, M. Epps, G. Tamlin, I. Forgacs, P. Coley, J. Ramsey, P. Hunt, S. Evans, T. Underwood.

K. BRAME.

U.C.H. 1st XI v. Guy's 1st XI.

1st Round U.H. Cup, at Hendon — Saturday, 11th November

Result: Lost 4—1.

In this, the 1st round of the U.H. Cup, Guy's were presented with a formidable task, being drawn against the present Cup-holders and league-leaders, U.C.H. at Hendon. However, despite this and the prevailing bleak conditions contributed to by an icy, penetrating cross-wind, Guy's sparked off the game with some fast determined football.

It was not surprising that with only 8 minutes off the match, and with the U.C.H. defence in total chaos from the initial pressure wave, Guy's went one up. U.C.H. conceeded a throw-in on the right and Baker replied with a tremendous lob across the box. The U.C.H. defence failed to connect, and Winter gratefully rose to head the ball into the top left-hand corner of the net. Guy's continued to pressurise the already cracked and now crumbling, home defensive ranks, and were unlucky not to add to their previous goal when a left wing drive from Underwood skimmed across the roof of the net, shortly followed by a power drive from Winter which hit the topside of the bar.

Guy's remained dominant throughout the first half, although U.C.H. tried desperately to find some kind of rhythm and form. Winter brought out a brilliant sinew-stretching save from the U.C.H. goalie just 5 minutes from half-time, with a superb 25-yard drive which looked a certain goal all the way. Then three minutes later, when Guy's looked poised to change ends in the lead, U.C.H. made an unexpected break, the Guy's defence faltered and failed to clear, and the ball slid into our net.

The second-half started at a feverish pace, and with Guy's in a somewhat despondent mood. Both teams had their fair share of chances, and Baker headed narrowly wide off a Coley corner. Excitement began to run high, and U.C.H. were frequently guilty of committing annoying infringements which often went unnoticed. This led to Winter commenting on the situation in a brief display of verbal eloquence which the referee failed to appreciate, and culminated in his name appearing on paper after he later performed a mistimed bilateral tackle, which even Winter's oration on the innocence of man failed to explain away. Five minutes later a U.C.H. player was booked, and this period of unrest seemed to unsettle Guy's. With 27 minutes gone in the second half, U.C.H. grabbed another goal before Guy's managed to come back into the game and were desperately unlucky not to equalise when a shot from Baker was only partially parried away, and Karani's lightning return was subsequently kicked off the line.

Coley masterfully attempted to keep Guy's in the game, and kept the team on the attack, but all hopes were shattered, when five minutes from time, a sharp break down the middle by U.C.H., and indecision in the Guy's defence, allowed them to score a third. One minute later, U.C.H. took advantage of the still dazed Guy's, scored from close range, and put the issue beyond all doubt. A disappointing result for Guy's from such a close and hard fought match.

Team: T. Walker; J. Radford, P. Kay, S. Edwards, I. Forgacs, J. Karani, P. Coley, M. Winter, T. Underwood, C. Baker, J. Ramsey. Sub.: K. Brame.

K. BRAME.

HOSPITAL INFORMATION

UNIVERSITY OF LONDON

Ph.D. Medicine
August 1972

H. J. Rogers (Pharmacology)
M.-J. Seghatchian-Moghadam-Sabet (Biochemistry)

Ph.D. Science
August 1972

Carol A. Lovelidge (Biochemistry)

EXAMINING BOARD IN ENGLAND
Final L.R.C.P., M.R.C.S.

October 1972

Medicine

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N. L. Bishop
P. M. Boyce
G. S. Clark
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K. K. K. Wang
M. St. G. Wheeley

Midwifery

D. L. Jerichower
R. B. Kinder
A. E. Limentani
A. J. Pickup
H. Robertson-Ritchie
A. A. Sorefan
Jean M. Spiers
M. St. G. Wheeley

Pathology

P. M. Boyce
V. K. Manna
D. H. C. Milliner
A. J. N. Renshaw
A. A. Sorefan
K. K. K. Wang
R. J. Walsh
R. A. Yoozooph

Surgery

G. R. Barker
T. R. E. Barnes
B. H. Boyle
T. J. Cox
T. J. Edwards
H. D. Fuller
D. M. Gillman
J. F. Grace
S. P. Hanley
W. H. Holliday
M. C. C. Hunter
R. G. James
R. B. Kinder
A. E. Limentani
W. A. C. McAllister
M. C. Mace
J. P. Monson
P. M. Mowschenson
Clare H. A. Moynahan
K. G. Nicholson
J. L. Ogle
D. B. O'Keefe
M. A. Peters
A. J. Pickup
Jean M. Spiers
J. B. M. Winter
M. St. G. Wheeley

MARRIAGES

CAWTHORN-TOMLINS: Miss Gillian Cawthorn, S.R.N., S.C.M., (Ex-Sister Samaritan) to Dr. Christopher Tomlins, B.D.S. M.B., B.S., on 28th October, 1972, at St. James Parish Church, Weybridge.

CORMAC-TUTHILL: The marriage took place in Lincoln on 1st July of Dr. Irene Dove, daughter of Dr. Cyril Dove, Cormac, and George Robert, son of Dr. and Mrs. James Tuthill of Wordington, Banbury.

GILLHAM-PHILLIPS: On 10th, November, 1972 at Beeston, Notts., Adrian J. Gillham to Janet Susan Phillips.

CHANGES OF ADDRESS

Mrs. A. Davison, C/O Wing-Co. D. J. Davison, F.R.C.S. (Ed.), No. 11 Officers' Quarters, R.A.F. Hospital, Ely, Cambs.

Miss P. M. Hunt, S.R.N., S.C.M., G.N.C., The Bungalow, Highbury Hospital, Bulwell, Nottingham.

Dr. and Mrs. C. D. C. Tomlins, 15, Fu'lerton Road, Byfleet, Surrey. Tel: Byfleet 41021.

BIRTH

SKUSE: On 11th October, at Lewisham Hospital to John Skuse, F.D.S., and Marion (Née Jones) a son, Geraint Edward.

DEATH

BERESFORD: On Thursday, 19th October, 1972, Walter Philip Beresford, L.D.S., of 61, The Vale, Southgate, N. 14.

PERSONAL

STREATHAM, S.W.16: Dental Associate Assistant required in mainly N.H.S. practice. Pleasant surgery with up-to-date equipment. Hours 9 to 6, 5-day week. Usual chairside assistance and clinical freedom. Tel: 764 4340.

TAX-EFFECTIVE: Pensions, Life Assurance Planning, House Purchase, Investment. John Bradford (Life and Pensions Services) Ltd, 32, King's Avenue, Redhill, RH1 6QH. Tel: Redhill 65608 (code from London 91).

TRINITY CHURCH SQUARE: Completely furnished doctor's flat available now for married tenants. Contact Agents at Tel: 930 0261.

POSITION VACANT—Bulli District Hospital, P.O. Box 21, Bulli, N.S.W. Australia. Vacancy for Resident Medical Officer (up to and including third year) initially for a period of six months, subject to re-appointment. Commencing date as soon as possible after 1st January, 1973.
Accommodation is available for either a single or a married applicant.
Conditions of employment are in accordance with the Public Hospitals N.S.W. (Resident Medical Officers' Award). Salary range £3,100/£3,600 ($6,200A/$7,200A) according to years of service. Additional emoluments for night and week-end duty. Applications in duplicate, accompanied by three current references should be forwarded to the undersigned before 15th December, 1972. P. O. Box 21, Bulli, N.S.W. 2516. Tel: Wollongong 84-4344.

THE NEUROSURGICAL UNIT OF GUY'S MAUDSLEY AND KING'S COLLEGE HOSPITALS
Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st January, 1973. The Unit which is housed in the Maudsley Hospital serves Guy's, Bethlem Royal Hospital and the Maudsley Hospital and King's College Hospital. Applications giving details of experience and the names of two referees should be made by 1st December, 1972, to House Governor and Secretary, The Maudsley Hospital, Denmark Hill, London, SE5 8AZ.

PAPERS BY GUY'S MEN

Atkins, H., Hayward, J., Klugman, D. J. *and* Wayte, A. B. Treatment of early breast cancer. (Correspondence). *British Medical Journal*, 1972, **4**, 173.

Braithwaite, R. *and another*. Interaction of benzodiazepines with tricyclic antidepressants. (Correspondence). *British Medical Journal*, 1972, **4**, 111.

Calin, A. Bronchorrhoea. *British Medical Journal*, 1972, **4**, 274.

Cameron, J. S. Bright's disease today: the pathogenesis and treatment of glomerulonephritis. I—III. *British Medical Journal*, 1972, **4**, 87; 160; 217.

Draper, P. Television and the reorganisation of the N.H.S. (Correspondence). *Lancet*, 1972, **2**, 967.

Dyson, Mary *and* Joseph, J. The effects of female sex hormones on tissue regeneration in the rabbit's ear. *Journal of Endocrinology*, 1971, **51**, 685.

Forman, L. *and* Alexander, Susan. Nickel antibodies. *British Journal of Dermatology*, 1972, **87**, 320.

Gardiner, P. A. The artists eye. (Correspondence). *British Medical Journal*, 1972, **4**, 947.

Gibson, T. *and* Jarrett, R. J. Diurnal variation in insulin sensitivity. *Lancet*, 1972, **2**, 947.

Grimble, A. S. Gonorrhoea. *The Practitioner*, 1972, **209**, 614.

Hartfall, W. G. Hyperhidrosis of the upper extremity and its treatment. *Surgery, Gynaecology, and Obstetrics*, 1972, **135**, 586.

Haslewood, G. A. D. Reorganisation of the N.H.S. (Correspondence). *Lancet*, 1972, **2**, 763.

House, F. *and* Vale, R. Nomograms for calculation of heat loss. *British Medical Journal*, 1972, **4**, 20.

Joseph, J. *and* Dyson, Mary. The effect of oxymetholone on tissue replacement in the rabbit's ear. *Experienta*, 1971, **27**, 1309.

Lehner, T. Proposals for planned change in dental education and practice. (Correspondence). *British Dental Journal*, 1972, **133**, 327.

McColl, I. The value of upper gastro-intestinal fibrescopy. *British Journal of Surgery*, 1972, **59**, 793.

Pearson, P. A. Treatment of the mentally handicapped. (Correspondence). *British Dental Journal*, 1972, **133**, 284.

Rees, R. J. W. *and other*. Dapsone acetylation and the treatment of leprosy. *Nature* 1972, **239**, 159.

Rose, M. S. *and* Bateman, D. N. Pyrexia with cytosine arabinoside. (Correspondence). *British Medical Journal*, 1972, **4**, 115.

NEW STUDENTS

1st M.B. STUDENTS

October, 1972

Askin-Edgar, Sylvia	Slough Technical College
Bradbeer, Robin W.	Wycliffe College.
Dighe, Adrian M.	Hitchin Boys' Grammar School.
Dismoor, Katherine J.	St. Joseph's Convent Grammar School. S.E.2.
Duckworth, John R.A.	Bootham School, York, and Pembroke College, Oxford.
Gill, Michael W.	Marlborough College and Brasenose College, Oxford.
Glynne-Jones, Robert G. T.	Shrewsbury School and University College, Oxford.
Graham, Jane R.	Brighton and Hove High School.
Jackson, Christopher J.	St. Edmund's College, Ware.
Leverton, Teresa J. M.	St. Augustine's Priory W.5.
Mason, John W.	Kingswood School, Bath.
Oppenheimer, Steven M.	Christ's College, N.3.
Rockall, Janet	John Kelly High School, N.W.2.
Tamlyn, Gregory J.	Highfields School, Wolverhampton.
Wake, Martyn	Southend High School for Boys.
Williams, David L.	Sevenoaks School.

2nd M.B. STUDENTS

October, 1972

Ackner, Christopher B.	Rugby School.
Allen, Jonathan G.	St. Alban's School.
Amiel, Stephanie A.	Baston School, Bromley.
Archer, Clive B.	Dudley Grammar School.
Bailey, Jane M.	King Edward VI School, Totnes.
Bathurst, Charles G. N.	Worth School.
Bewsey, Lynn M.	Guildford County Grammar School.
Blacker, Charles V. R.	King Edward VI School, Totnes.
Boone, Doron L.	Howardian High School, Cardiff.
Breese, Elizabeth O.	Sydenham High School, S.E.26.
Brennan, John	Cardinal Vaughan, Kensington.
Bridger, John E.	Sherbourne School.
Britton, John R.	Watford Boys' Grammar School.
Buckell, Karen A.	Exeter College of Further Education.
Chan, Sau S.	Ardingly College.
Coates, Richard	Elizabeth College, Guernsey.
Collett, Keith A.	Alleyn's School, S.E.22.
Colquhoun, Iain R.	Cheltenham Grammar School.
Couper, David M.	Epsom College.
Dalgleish, Elizabeth J.	Wycombe Abbey School.
De Mello, Winston F.	Canterbury Technical College.
De Sousa, Carlos M. C.	Dulwich College.
Dickson, David E.	Borden Grammar School, Sittingbourne.
Downie, Paul L.	Cavendish School, Hemel Hempstead.
Downs, Simon M.	King's College, Wimbledon.
Dunbar, Elizabeth M.	St. Mary's Convent, Ascot.
Earl, Helena M.	Queen's College, W.1.
Entwisle, Ian D.	Hitchin Boys' Grammar School.
Evans, Keith P.	Aberaeron County Secondary School.
Evans, Stephen F.	Workington Grammar School.
Evered, Robert G.	Tonbridge School.
Foote, Keith D.	Leyton Senior High School.
Forsyth, Charles J.	Malvern College.
Gaule, Edward W.	St. Bede's College, Manchester.
Glover, Joanna	Croydon High School.
Glynn, Barbara G.	Stamford High School.
Goble, Nigel M.	Newport High School.
Govan, Catherine F. M.	Tunbridge Wells Grammar School.
Griffiths, Hamish B. A.	Bletchley Grammar School.
Hague, Nigel J.	Farnham Grammar School.
Harrison, Jill S. M.	Rosebery County Grammar School, Epsom.
Haegerty, Adrian H. M.	St. Joseph's College, S.E.12.
Heber, Mary E.	Greycoat Hospital, S.W.1.
Henderson, Fiona J.	Roedean School.
Henderson, Richard G.	Foyle College, Springtown, Northern Ireland.
Hinds, Robert O.	Bishop Gore Comprehensive School, Swansea.
Hughes, Richard M.	Sutton Manor High Shool.
Hunt, Philip C. W.	London Oratory School.
Hurd, Alison W.	St. Mary's Hall, Brighton.
Hurwood, Richard S.	Uppingham School.
Ineson, Nigel R.	Watford Grammar School.
Ireland, Robin M.	Slough Grammar School.
James, Michael A.	Langley Park School, Beckenham.
Jarvis, Lionel J.	Wellington College.
Johns, Andrew R.	Broadoak Comprehensive School, Weston-super-Mare.
Kahane, Gillian	Charlton Park Convent, Cheltenham and King's College, London.
Kielty, Vincent J. P.	Finchley Catholic High School.
Kingswood, Christopher J.	Rustlish School, Wimbledon.
Loxton, Paul M.	Windsor Grammar School.
McCarthy, John J.	St. Benedicts School, W.5.
McEvedy, Bryony A. B.	Tunbridge Wells Grammar School.
Manktelow, Anne	Tunbridge Wells. Grammar School.
Margetts, Michael J.	Sir Joseph Williamson's Mathematical School, Rochester.
Markwell, David C.	Sevenoaks School.
Martin, Roger G. C.	Uppingham School, Rutland.
Mitton, Sally G.	Headington School, Oxford.
Moss, Martin L.	King Edward VI Grammar School, Bury St. Edmunds.
Murch, Clifford R.	Dulwich College.
Nixon, Anne L. C.	Ursuline Convent, Wimbledon.
Pain, James A.	Rugby School.

Pain, Vivien	Ashford Grammar School.
Palmer, Timothy J.	Denstone College, Uttoxeter.
Parnes, Maria J.	South Hampstead High School for Girls.
Plumb, Andrew P.	St. Edmund's College, Ware.
Price, Barrie A.	Central Grammar School, Birmingham.
Prince, Graham D.	Epsom College.
Pritchett, Lindsay B.	Hereford High School for Boys.
Refsum, Erling	Campbell College, Belfast.
Rehing, Graham H.	Erith Grammar School
Rooney, Cleome I. F.	Cheltenham Ladies' College.
Scott, Nichola K.	Queenswood, Hatfield.
Sengupta, Gautam	Neale-Wade Comprehensive School, March.
Shearn, Christopher A.	Perse School, Cambridge.
Shipton, Peter F.	King Edward VI Grammar School, Chelmsford.
Slater, Nicholas D.	St. Mary's Grammar School, Sidcup.
Staples, Susan A.	Ashfield School, Kirkby-in-Ashfield.
Stephens, David	Mill Hill School.
Sudell, William A.	Ipswich School.
Todd, Nicholas V.	High Pavement Grammar School, Nottingham.
Turley, Simon J.	Sevenoaks School.
Twomey, John Matthew	St. Brendan's College, Bristol.
Underwood, Trevor A.	Collyer's School, Horsham.
Warnell, Ian H.	Lewes Priory Comprehensive School.
Warren, John B.	Alleynes Comprehensive School, Stone.
Watkin, Hywel	The College, Llandovery
Whitehead, Peter N.	Weymouth Grammar School.
Williams, Bridget Marion	Bedales School.
Williams, Elizabeth F.	St. Maur's Convent, Weybridge.
Womack, Nigel R.	Normanton Grammar School.
Wright, David D. I.	St. Paul's School.
Wright, David J. T.	Bedford Modern School.

2nd M.B. COMBINED STUDENTS

Gleeson, Michael J.	Wimbledon College and Guy's Hospital Dental School.

1st B.D.S. STUDENTS

October, 1972

Abrahmsohn, Trevor S.	Quintin-Kynaston School, St. John's Wood.
Ash, Helen J.	St. Anne's Convent School Southampton.
Bennett, Clare Zoe	Howell's School.
Cole, Stewart C.	Liverpool College.
Hagan, Brendan F.	John Fisher Grammar School, Croydon.
Hughes, David C.	Wellington School.
Ingham, Roderick P.	Colston's School, Bristol.
Jones, Peter J.	Christ's College, Brecon.
Loch, Janet F.	The High School for Girls, Nottingham.
Longton, Howard J.	Eastbourne Grammar School.
Middleton, Nigel J.	Reed's School.
Mitchell, Colin J.	King Alfred's School.
Nixon, Carol A.	Portsmouth High School.
Pacy, Deborah A. H.	Sandown High School, Isle of Wight.
Paterson, Dorothy E.	Brentwood County High School.
Peacock, Lesley M. L	Headington School, Oxford.
Rosie, Peter M. G.	Sutton Manor High School and University College, Swansea.
Singer, Nicholas S.	The Skinners School, Tunbridge Wells.
Smith, Christine J.	Talbot Heath School, Bournemouth.
Tidman, Andrew B.	Collyer's School, Horsham.
Ward, Sally E.	Kesteven and Grantham Girls' School.
Wells, John R.	Maghull Grammar School.

DENTAL STUDENTS

2nd B.D.S. STUDENTS

October, 1972

Allonby, Janet E.	Sheffield High School for Girls.
Allen, Christopher D.	Normanton Grammar School.
Anwar, Elisabeth	Kingston C.F.E.
Arthur Susan E. M.	Croesyceiliog School, Cwmbran.
Bell Ian S	Westminster City School.
Booth, Pauline	The Hollies Convent F.C.J. Grammar School, Manchester.
Bostock, Michael T.	Collyer's School, Horsham.
Brazier, John A.	Northampton Grammar School.
Caley, Simon I. M.	Hurstpierpoint College.
Collins, David P.	Douai School, Woolhampton.
Crowley, Madeleine	Cheltenham Ladies' College.
Croysdill Margaret L.	Queen Elizabeth's Girls' Grammar School, Barnet.
Cunningham, Andrew J.	Sexey's School, Burton.
Dibden, Melanie J.	Hendon County Grammar School.
Dowdeswell, Colin C.	Alleyns School, East Dulwich.
Edmondson, Ann G.	Manchester High School for Girls.
Edwards, Roderic N.	Hampton Grammar School.
Elliott, Christine A.	Preston High School.
Epps, Mark A.	Hendon Senior High School.
Everett, Brian S.	Tewkesbury Grammar School.
Flint, Stephen R.	St. Albans School.
Gibbs, Guy N. P.	Epsom College.
Harley, William H.	Wycliffe College.
Harris, Mark William	Smithills Grammar School, Bolton.
Harvey, Jeremy A. J.	St. Benedict's School, Ealing.
Hendy, Christopher W.	Reading School
Hussain, Irfana S.	Putney High School.
Ismail, Naurooz	Hampton Grammar School.
Jaffer, Noorali A.	Cheltenham College.
Jones, Ceinwen, M.	Amman Valley Comprehensive School, Ammanford.
Kabaa, Latifalli, N. I.	Loughborough Technical College.
Kassam, Omar	Westminster City School
Kirkpatrick, Francis K.	Oundle School.

Kitchen, Sandra E.	Monkwearmouth College of Further Education.
Lester, Anthony M.	Sebright School and University College of London.
Luxton, Stephen R.	Worthing College of Further Education and Hull University.
Maunder, Jane E.	Cathays High School for Girls Cardiff.
Moolji Nizaralli	Jinja Senior Secondary School, Uganda.
Mooney, Belle S.	Gumley House Grammar School Isleworth.
New, David M.	Herbert Strutt Grammar School, Belper.
Pascoe, Marilyn D	Northern Grammar School for Girls, Portsmouth
Petty, David J.	Shrewsbury School.
Phoenix, Ian	King Edward VI Grammar School, Litchfield.
Radford, John R.	Brighton, Hove and Sussex Grammar School.
Robinson, David J.	Rossall School
Selley, Michael C.	Exeter School.
Sikora, Richard J.	King Edward VI Grammar School for Boys, Birmingham.
Sivas, Ayse C.	Carlyle School, S W 10
Po, Shing Chek S.	Walbrook College.
Smith, Andrew V.	Duke of York Royal Military School, Dover.
Stek, Benedictus, J. M.	Gillingham Grammar School.
Sycamore, Caryl E.	Grey Coat Hospital, Westminster
Unsted, Graham P.	Garth Hill School, Bracknell.
Wassell, Robert W.	Wymondham College.
Wong, Chee Wai	Brighton College.
Wood, Christopher	Deacon's School, Peterborough
Yung, Ching-Wah	Wah Yan College, Kowloon.

CLINICAL COURSE STUDENTS

April, 1972

Kay, Philip H.	Poole Grammar School Balliol College, Oxford.

October, 1972

Ballantyne, Richard D.	Chichester High School for Boys Lincoln College, Oxford.
Blake, Peter	Hampton Grammar School. St. John's College, Oxford.
Butland, Richard J. A.	Abingdon School. Clare College, Cambridge.
Daniell, Simon J. N.	William Hulmes Grammar School, Manchester. Downing College, Cambridge.
Dicks-Mireaux, Clare M. F.	North London Collegiate School. St. Hilda's College, Oxford.
Drane, Nigel R.	City of Norwich School. Downing College, Cambridge.
Kelsey, Christopher R.	St. Paul's School. St. Andrew's University.
Johnson, Stephen K.	Durham School. St. John's College, Cambridge.
Lee Tak Hong	Marlborough College. Clare College, Cambridge.
Maile, Christopher J. D.	Worth School. Pembroke College, Cambridge.
Mao, Kenneth R.	King's College, Taunton. Clare College, Cambridge.
Marsh, Richard H. K.	Winchester College. St. John's College, Oxford.
Meredith, Timothy J.	Exeter School. Gonville and Caius College, Cambridge
Metcalfe, Jennie M.	Nottingham High School for Girls. New Hall, Cambridge
Nutt, David J.	Bristol Grammar School. Downing College, Cambridge.
Parker, Richard C.	Colchester Royal Grammar School. Downing College, Cambridge.
Phillips, Martin	Basssaleg Grammar School, Newport. Gonville and Caius College, Cambridge.
Raper, Stephen M.	Bryanston School. Brasenose College, Oxford
Rose, Stephen J.	Highgate School. Sidney Sussex College, Cambridge.
Shaw, John F. L.	Chichester High School for Boys. Oriel College, Oxford.
Spence, Robert N. F.	Chichester High School for Boys. St. John's College, Cambridge.
von Kirchbach, Isa	Der Freie Universtat, Berlin.

Miss I. von Kirchbach has been offered a German Scholarship to study here for one year.

HOUSE APPOINTMENTS

1st December, 1972

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark, and Dr. Grahame.	Mr. P. R. Powell-Jackson 3 *months*
	Mr. G. R. Barker 6 *months*
Dr. Hardwick,	Mr. J. C. Davies
Prof. Trounce, Dr.	3 *months*
Cameron and Dr. Ogg.	Mr. H. A. Sowerby 6 *months*
Dr. Houston, Dr.	Mr. C. J. Rudge
Knight, Dr. Deuchar	3 *months*
and Dr. Grimble.	Mr. C. R. Franks 3 *months*
Prof. Lessof, Dr.	Mr. C. D. Pusey
Joiner, Dr. Burry and	3 *months*
Dr. Sowton.	Miss A. Garnons Williams 6 *months*
	Mr. W. J. Jenkins 6 *months*

House Surgeons

Mr. Blackburn, Mr.	Mr. A. N. Johns
Maynard and Mr.	3 *months*
Ellis.	Mr. E. J. Evans 6 *months*
Mr. Lawrie, Mr.	Mr. I. D. Starke
Beard and Dr. Wayte.	6 *months*
	Mr. W. C. Brownlee 3 *months*
Mr. Glover, Mr.	Mr. D. N. Bateman
O'Flynn and Mr.	3 *months*
McArthur.	Miss A. Macintosh 6 *months*

Prof. McColl, Mr. Rendall and Mr. Bewick.
Mrs. V. Wass
3 *months*
Mr. T. K. Day
6 *months*

Gynaecological House Surgeons
Mr. C. H. Collis
3 *months*
Miss E. J. Edie
6 *months*

Throat and Ear House Surgeons
Mr. A. D. Crawford
3 *months*
Mr. R. Ashman
6 *months*

Orthopaedic House Surgeons
(Including duties at New Cross Hospital)
Mr. P. G. Lunn
3 *months*
Mr. J. C. Taylor
3 *months*
Mr. A. M. Turner
3 *months*

S.H.O. to the Renal and Transplant Units
Mr. A. G. Samuel-Gibbon
3 *months*
Mr. T. A. Traill
6 *months*

Genito-Urinary House Surgeons
Mr. L. K. Jackson
3 *months*
Mr. M. L. Nancekievill
6 *months*

Children's House Physicians
Mr. D. F. Stubbs
3 *months*
Miss S. Brown
6 *months*

Casualty Offifficers
Mr. R. K. Walesby
3 *months*
Mr. A. M. Addetia
3 *months*
Mr. D. Hunt
3 *months*
Mr. A. K. Addison
6 *months*
Mr. M. H. Chesshyre
6 *months*
Mr. E. G. Latimer-Sayer
6 *months*

Resident Obstetricians
Mr. G. W. H. Stygall
3 *months*
Mr. E. Kontizas
6 *months*

Neurological House Physician
Mr. H. J. Klass
3 *months*

Dermatological House Physician
Mr. P. J. Marriott
3 *months*

House Physician in Child Psychiatry
Miss S. Dowling
6 *months*

House Surgeon to the Thoracic Unit
Mr. J. R. Pepper
3 *months*
Mr. J. A. Morgan
6 *months*

House Physicians in the Department of Psychological Medicine
Mr. J. R. M. Ross
3 *months*
Miss P. J. Taylor
3 *months*

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3 *months*

Resident Anaesthetists
Miss P. L. Pantin
3 *months*
Mr. A. R. Sutherland
3 *months*
Mr. T. H. Watford
6 *months*
Mr. J. D. Wheal
6 *months*

Senior House Officers to Nuffield House
Mr. D. A. Raper
3 *months*
Miss G. L. Hoare
6 *months*

Children's House Physicians at the Evelina Hospital

Mr. Y. K. Gupta	1. 8.72—31. 1.73
Mr. D. P. Chamberlain	1.10.72—31. 3.73
Mr. R. G. Jezzard	1.12.72—31. 5.73
Mr. D. R. Taylor	1. 2.73—31. 7.73

Casualty Officers at Evelina Hospital
Miss C. Cunningham
6 *months*
Mrs A. Furtado
6 *months*

ST. OLAVE'S HOSPITAL

House Physicians
Mrs. M. A. Lavelle
3 *months*
Miss D. A. W. F. Lee
6 *months*

House Surgeons
Miss L. L. Judd
3 *months*
Mr. H. A. Goudarzi-Langroudi
6 *months*

Gynaecological House Surgeon
Mr. F. M. Abdel-Sattar
3 *months*

S.H.O. in Psychiatry
Mr. B. R. S. Nakra
3 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine, Geriatrics and Rheumatology
Mr. A. J. G. Batch
3 *months*
Mr. R. G. Thomson
3 *months*
Mr. N. K. Barber
6 *months*
Mr. A. E. Ford Jones
6 *months*

Orthopaedic House Surgeon (see under Guy's)

Senior House Officer to Rehabilitation Unit :
Mr. S. A. Ghazi
6 *months*

BECKENHAM HOSPITAL

House Physician
Mr. C. J. F. Manning
3 *months*

House Surgeon
Mr. D. W. Edwards
3 *months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Elliott, Dr. Collover and Dr. Tillman :
Mr. I. D. Harrison
3 *months*

House Physician to Dr. Mallinson :
Mr. C. J. Thomas
6 *months*

House Surgeon to Mr. O'Flynn, Mr. Wilson, Mr. Hollis and Mrs. Wengraf :
Mrs. R. M. Parry
6 *months*

House Surgeon to Mr. Eldin, Mr. Williams and Mr. Park:
Mr. D. M. Gillman
6 *months*

House Surgeon to Mr. O'Flynn and Mr. Candy :
Mr. J. C. B. Shutes
3 *months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases:
Mrs. D. A. Neville
3 *months*
Mr. N. J. Marks
6 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price :
Mr. J. L. Lewis
6 *months*
House Physician to Mr. Lynn Evans :

6 *months*
House Surgeon to Mr. Ivo-Smith:
Mr. T. Kidger
6 *months*
House Surgeon to Mr. France, Mr. Bingold and Mr. Monty:
Mr. H. M. Fleet
6 *months*
House Surgeon to Mr. Le Brun:
Mr. N. R. Pinder
3 *months*
House Physician to Dr. Llewellyn Smith:
Mr. D. A. G. Cook
3 *months*
House Surgeon to Mr. Cavendish:
Mr. M. S. Sorefan
3 *months*

MILLER HOSPITAL

House Physicians to Dr. Hartley, Dr. Bassadone and Dr. Mallinson:
Mr. A. M. Light
3 *months*
Mr. R. A. G. Goodhart
6 *months*
House Surgeon to Mr. O'Flynn:
Mr. R. M. Barry
6 *months*
House Surgeon to Mr. Eldin and Mr. Candy:
Mr. P. J. Skinner
3 *months*

ORPINGTON HOSPITAL

House Surgeon with Ophthalmology:
Mr. N. J. Astbury
3 *months*
House Surgeon with Dental:

6 *months*
House Surgeon with E.N.T.:
Mr. H. Parry
6 *months*
House Surgeon with Orthopaedics to Mr. Boxall and Mr. Lam

6 *months*
House Surgeon with Gynaecology:
Mr. M. P. Powell
6 *months*
House Surgeon to Mr. Walker-Brash and Mr. Lam
Mr. K. M. A. Clifford
6 *months*

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy:
Mr. C. H. Moynahan
6 *months*
House Physician to Dr. Miller and Dr. King:
Mrs. M. Munir-Ahmed
6 *months*

ST. HELEN'S, HASTINGS

House Physician:
Mrs. C. J. Lamb
6 *months*

ST. NICHOLAS, PLUMSTEAD

House Physician to Dr. Scott:
Mr. P. C. Gartell
6 *months*

P. J. HELLIWELL,
Superintendent.

1st November, 1972.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

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GUY'S HOSPITAL GAZETTE

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NEWS EDITORS T. J. GOULDER and K. N. BULLOCK
SPORTS CORRESPONDENT G. MOULDING
NURSING CORRESPONDENT Miss P. M. JEFFERIES
BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 86 NUMBER 2203

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Christmas 1873

We cannot permit the opportunity to pass without saying a word about Christmas-day in the wards. It would probably appear to those who are not acquainted with the matter, that anything like merriment would be out of the question with sickness and pain on every side. Yet against all opposition, many a patient had a merry Christmas at Guy's.

In the morning at one o'clock the Treasurer and Dr. Steele with a large party of ladies, entered the wards, who were tastily decorated. The immense joints of roast beef and the great plum puddings had just arrived from the kitchen, and prettily arranged upon another table were the wines and fruits procured by the contributions of the students, which amounted to more than £20. The party passed through all the wards and could but be pleased with the very evident enjoyment of those who were eating their Christmas dinner. After dinner the customary rules were abolished. The British Wines were tapped, and the oranges, figs, almonds and raisins, etc., were discussed with much relish; then, as the afternoon wore on, the wards resounded with mirth and gladness, songs and jokes and in the male wards — except one — the pleasant and familar fumes of tobacco added to the comfort and harmony of the happy groups nor were the privileges of the mistletoe either forgotten or neglected. The songs were continued till nine o'clock and past, when bread and cheese, celery and beer concluded a day which had been a most deservedly happy one to many, for they had determined to enjoy themselves under adverse circumstances and had succeeded.

Guy's Hospital Gazette 1873.

Christmas 1972

We hope that all those under "adverse circumstances" will have similar success this Christmas and can do no more than hope that in the coming year we shall be able to do more than last year to relieve such abominable and paradoxical circumstances.

We should like to wish all our readers a very sincere "Merry Christmas and a Happy New Year".

We should like to announce the resignation of our Editor, Miss I. Dodd and our Sports correspondent, P. Calvert.

The Gazette is indebted to both of them for their sterling service.

Mr. G. Moulding has taken over the post of Sports correspondent.

The next edition of the Gazette will be published on Saturday, 13th January, 1973.

NEWS IN BRIEF

Consultant appointments

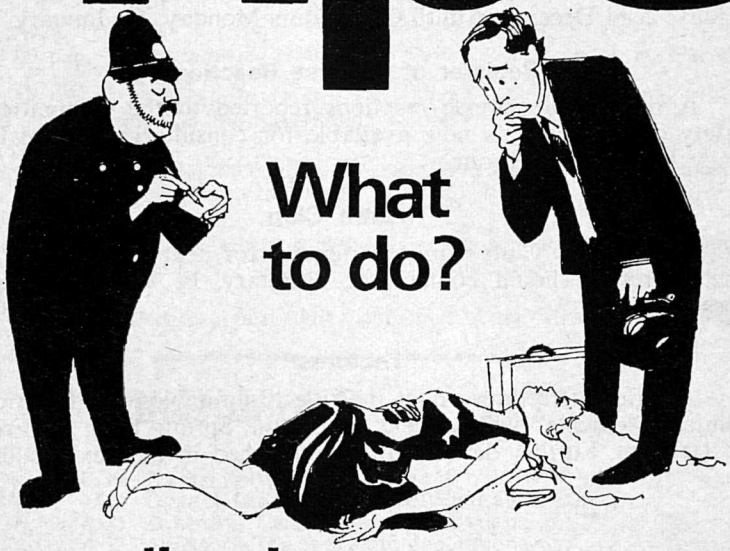
The "Gazette" wishes to congratulate the following on their consultant appointments; Bill Heald at Basingstoke, Guy Hartfall at Ipswich and Barry Ross at Norwich. We and all the hospital wish them the best of luck in their new capacities.

Emergency Admissions

An unprecedented number of emergency cases have been admitted via casualty in the last few weeks. The number is far greater than the seasonal average would dictate even allowing for the recent outbreak of flu. For example 38 patients were admitted on one day last week whereas the weekly admissions average was 12 only five years ago.

Consequently patients have been put wherever there is available space with the resultant administrative and organisational problems.

mps



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Leigh Parry "Into the Light". Centenary Edition

Dr. T. C. L. Parry qualified at Guy's in 1946 and in 1950 became a G.P. in Stamford, where he has been in practice since.

He has been drawing for many years under the name Leigh Parry and was elected a member of the Pastel Society of Great Britain in 1960. His works are in Public and Private Collections in Britain and throughout the world.

We should like to congratulate him on the very fine pastel "Into the Light" which was used to illustrate "Guy's Hospital 1936-72" in the Centenary Edition.

Sarah Ward

Please note that Sarah Ward will be closed from 18.00 hours Friday, 22nd December, until 08.00 hours Monday, 1st January 1973.

Register of Adverse Reactions

A register of adverse reactions reported to the Committee on Safety of Medicines is now available for consultation in the Pharmacy Information Room.

Theatre Club

The Theatre Club require a director for next term's play. Anyone interested should contact the Secretary, E. Wing, as soon as possible.

Lectures

A series of lectures under the title "Immunology in Relation to Clinical Medicine" will be held during the Spring Term on Fridays at 9.00 a.m. Further details will be published in the next issue.

GUY'S DIARY

The following clinical lectures will be given in the Anatomical Theatre at 1 p.m.

Thursday, 21st December	Disease of Basal Ganglia	Dr McArdle
Friday, 5th January		Mr Brain
Monday, 8th January		Dr Cameron
Tuesday, 9th January		Dr Dow
Friday, 12th January		Dr Robson

The subject of Mr Flannery's lecture on Tuesday, 19th December, will be the "Neurogenic Bladder".

POST-GRADUATE MEETINGS IN DECEMBER

SATURDAY, 16th
11.00 a.m. Neurosurgical Unit Conference at the Maudsley Hospital.

MONDAY, 18th
12.30 p.m. St. Olave's Hospital — Staff Round in Conference Room.
12.30 p.m. New Cross Hospital Clinical Meeting on Ward 9A.
1.00 p.m. Paediatric Meeting in Pre-Clinical Classroom.

TUESDAY, 19th
1.00 p.m. Lunchtime Meeting in Pathology Department, Medical School. Interferon — Dr. Norman Finter, Wellcome Research Laboratories.

WEDNESDAY, 20th
2.00 p.m. Surgical Staff Meeting in Demonstration Room, 2nd Floor New Guy's House. Department of Medicine Meetings.
2.00 p.m. Surgical Meeting in Hunt Memorial Library.
3.30 p.m. Intravascular Coagulation in Renal Disease — Dr. T. Clarkson.

THURSDAY, 21st
1.00 p.m. Postgraduate Meeting at New Cross Hospital in Nurses Lecture Theatre.
12.30 p.m. Paediatric/Psychiatric Case Conference at the Evelina Hospital in the Staff Sitting Room.

FRIDAY, 22nd
8.00 a.m. Surgical Meeting in the Demonstration Room, Department of Surgery, 2nd Floor, New Guy's House.

FRIDAY, 29th
8.00 a.m. Surgical Meeting in the Demonstration Room, Department of Surgery, 2nd Floor, New Guy's House.

SATURDAY, 30th
11.00 a.m. Neurosurgical Unit Conference at the Maudsley Hospital.

Christmas Diary 1972

DECEMBER

19	Tu.	5.30	Dental Party in East Wing
20	W.	4.00	Diplock Dressers' Tea and Ward decorations.
21	Th.	4.00	Dressers' Tea and Ward decorations.
22	Fr.	4.00	Dressers' Tea and Ward decorations.
24	Su.	8.30	Holy Communion.
(Xmas Eve)		11.30	The Christmas Midnight Eucharist with Carols and Blessing of the Crib.
		5.45	(Tea and biscuits in the Dining Room).
25	M.	6.00	Nurses' Carols in the wards.
(Xmas Day)		7.00—7.40	Breakfast in the Nurses' Home.
		8.30	Holy Communion in the Hospital Chapel
		10.30—11.00	A Christmas Morning Service in the Hospital Chapel.
		12.00 midday	Patients' Christmas Dinner.
		1.00—2.00	Resident Domestic Staff to lunch in the non-resident Staff canteen.
		1.00	Nursing Staff Christmas Dinner in the wards.
		3.30—4.30	Patients' and Staff tea in the wards.
		7.30—8.30	Nursing Staff supper in the wards.
26	Tu.	2.00—4.00	Visitors' Tea.

JANUARY

10	W.	6.45—8.45	Governors' Cocktail Party for the Senior Nursing Staff at the Clothworkers' Hall, Mincing Lane, London E.C.3.

OBITUARY

The Rev. Royce Wyndham Stevenson, M.R.C.S., L.R.C.P.

Rowing Club members from pre-war years will remember Royce Stevenson in the lunch crowd at the old "Ship". If that conjures up a hearty tough it would be no true picture. Even as a medical student his concern for patients as people stood out and the driving force to this was basically Christian and not only altruistic. Medical students are shy about such matters, but I have a vivid memory of Royce suddenly coming "unstuck" about the tremendous influence Francis Thompson's "Hound of Heaven" had on his thoughts and outlook: the Hound had for him a very real existence.

The writer was privileged to be his partner in a Devon country practice, known among colleagues, with perhaps a little envy, as the partnership that worked. War came, and Royce became an RAF Medical Officer. The Hound was still on his trail, and towards the end a "Moral Leadership" course held in Rome seemed a turning point. No longer enough to practice good medicine as a Christian doctor, his faith itself had to be shared. Back in the Devon practice, he and his wife lost no time in collecting interested young people regularly for discussion and Bible study.

At that time I myself found Royce's strong and practical faith a great help. We became Lay Readers and in 1953 he decided to ask the Bishop of Exeter for ordination. From Ripon Hall, Oxford and Wells Theological College he was ordained Priest in 1954. Curate at Tavistock, Vicar of Sparkwell, and in 1959 Vicar of St. Mark's, Ford, in the heart of Devonport. He returned to Tavistock as vicar (having as G.P. been on the Hospital staff) in 1967, becoming Rural Dean in 1969, and continuing there until his death in November 1972 aged 60.

At Ford, Royce took a major part in forming an active inter-denominational group of churches and successfully launched Christian Stewardship in his parish. Asked by the Bishop to form a branch of the Priest/Doctor Association, regular meetings took place at the Vicarage, to which of course he could contribute in both capacities. Back in Tavistock again a lively inter-denominational group, the Tavistock and District Council of Churches, was started. After three pilgrimages to the Holy Land, he planned to lead his parish on one in 1975. The Bishop of Plymouth, invited to contribute an article to the Western Morning News on the life of a parish priest, illustrated it with a photo of Royce in cassock, knocking on a front door with the caption "A parish priest does hs job". He always said that his years of G.P. knocking on doors had much helped him for his new sphere.

Outside interests included riding, photography and dinghy racing, in all with considerable expertise. With a son as crew, he gained high place in an International Firefly Championship at Plymouth and, his sons away, he started racing a Solo with conspicuous success.

Typical were his wishes for his funeral to be private, not an official affair. To his Churchwardens he wrote: "I do not wish for any mourning or cut flowers on this occasion of Christian joy. Those who wish may send a contribution to the Restoration Fund in lieu of flowers." He added a wish that the usual Parish Communion on the Sunday following the cremation should be the occasion for any rememberance. "It seems to me entirely appropriate that the occasion for remembrance and prayers on my behalf should be in the context of the Church's ordinary worship". Tavistock church was crowded.

To sum up, quoting a local paper:

"Kindly, quiet and consistent in a life given to Christian service, Mr. Stevenson was held in highest regard by all. To him, the Christian life was one of service to others. His personal humility, his dignity of character, and his unfailing courtesy endeared him to all who had the privilege of his acquantance or came into contact with him".

Royce leaves a widow and three children, all married. One son, a Guy's man, is for the moment acting Consultant Radiologist in Canada. Another is a research pharmacologist. His daughter is S.R.N., R.S.C.N. So a tradition of services continues.

M. L.

Don Phelan

It is with the deepest regret that we record the sudden death of Don Phelan on 9th November, 1972 at the age of 52. Mr. Phelan was born at County Carlow, Eire. He came to Guy's about 20 years ago and was Head Technician in the Thoracic Research Unit.

Don Phelan took an active part in connection with the Labour Party and Trade Union. He served on many committees of the old A.Sc.W. and later became Branch Secretary of ASTMS. Being a member of the National Health Service Executive Council, Secretary of Southwark Trades Council and Governor of Southwark College of Further Education occupied much of his time. Membership of Professional Bodies included Associate of the Institute of Science and Technology and Member of the Royal Society of Health.

He was a well known figure, cheerful, and many will remember him for his valuable and unselfish help and advice. Don Phelan will be sadly missed but remembered with great affection by many of his friends and colleagues. We extend our deepest sympathy to his wife and family.

T.R.N.

Renovation of the Anatomy Theatre

Professor R. Warwick

The majority of graduates of Guy's Hospital who work elsewhere, and indeed many currently occupied here, will not yet know that during the long vacation of this year the Anatomy Theatre of the Medical School has been extensively renovated, with much improvement to its appearance and facilities. It is now the most pleasant and efficient lecture theatre in the School, and a great relief to the embarrassment occasioned over many years by the general level of our School lecture room facilities. The Anatomy Theatre in particular had become antiquated and dilapidated to a degree most unpleasing to all who used it; and like the Physiology Theatre, the only other auditorium available to us, it **is** used by a wide spectrum of preclinical and clinical teachers, as well as for many extra-curricular activities. The Physiology Theatre was completed (with the rest of that Department) in 1897, the Gordon Museum, Wills Library and Anatomy Theatre between 1904 and 1910. A Building known as the "old Anatomy Theatre" provided for some of these needs from 1825 to 1921, its site corresponding roughly with that of Nuffield House.

These distant, though scarcely remote, dates will not surprise the thousands of students who have suffered from the ascetic and often collapsible seating of the Anatomy Theatre; and although attempts have been made over the last decade or so to improve the Physiology Theatre, it must be admitted that the two major theatres had become, — to put it kindly — gloomy and uncomfortable, — qualities not entirely unlinked with their original design. As long ago as 1958 our late dean, Sir Rowan Boland, asked me to prepare plans for the Anatomy Theatre with the School's architects, and two schemes were elaborated, — the more ambitious entailing replacement of the entire roof. Since this would have put the theatre out of use for a year and would have cost at least £25,000 (in the uninflated sterling of the time), the project was shelved. A few years ago the School Council set up an audio-visual aids sub-committee, which turned its attention to the state of our theatres, deputing Dr. Hugh Saxton and Mr. Jerald Rytina to examine the situation. Their reports have led to most practical results in several smaller lecture theatres, culminating in the recent rehabilitation of the Anatomy Theatre. The active interest of the Dean and of the School Secretary, Mr. Donald Bompas, have done much to expedite matters; and the practical supervision of Mr. Eric Hemmings and Mr. Ian Sorrie, aided by the willingness and patience of the working staff of the contractors, Messrs. J. B. Saxton (Builders), B. E. Coleman (Electrical), Pel Furnishings (Seats) and others, in meeting the not always timely or practical demands of the interested teaching staff, must be recorded with warm appreciation. It was most appropriate, — and a personal pleasure to me, — that Lady Boland was in charge of the planning of decor and furnishings.

Entirely new and much more comfortable seating has been installed, as the accompanying photograph shows; the monastic and

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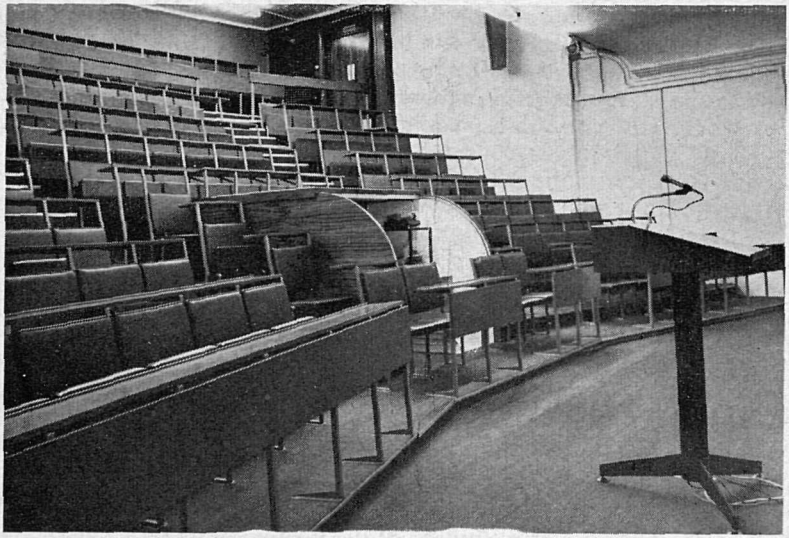
much-repaired wooden flap seating is no more. No one will regret this, though the inevitable abolition of many carved initials and graffitti may evoke transient pangs to some, — though not, of course, with the anguish occasioned by another demolition in the old College building! The old concrete steps and front 'arena' of the theatre are now entirely clad in continuous carpeting, — which tones with the light olive colour of the upholstery.

The acoustics of the room, which had a most disturbing reverberation characteristic, have been much improved, a most welcome change, since a public address system has been installed for some years, in conjunction with the use of closed circuit television, but has been of limited success. The loudspeakers now function much more pleasantly; they can be used as outputs for microphones, cine soundtrack, and television videotape. Speech facilities for lecturers include lectern, neck and radio microphones, — the latter permitting the speaker to roam around as restlessly as he wishes without trailing leads.

A very commodious projection box has been constructed; this houses the usual transparency and cine equipment, the controls for video and sound channels to the four television monitors and four speaker units, master and dimming controls of a new lighting system, and telephone links with the television studio and a number of other strategic rooms in the Medical School; similar telephone and television landline links with the Tower Block may also be installed at a later date.

From the lecturer's lectern it is possible to start and stop ciné equipment, signal changes of slides or other manoeuvres to the projectionist, or to exercise remote control of slide projectors. Also within easy reach are duplicate master and dimming controls for the theatre lighting, separate control of blackboard striplighting, and a



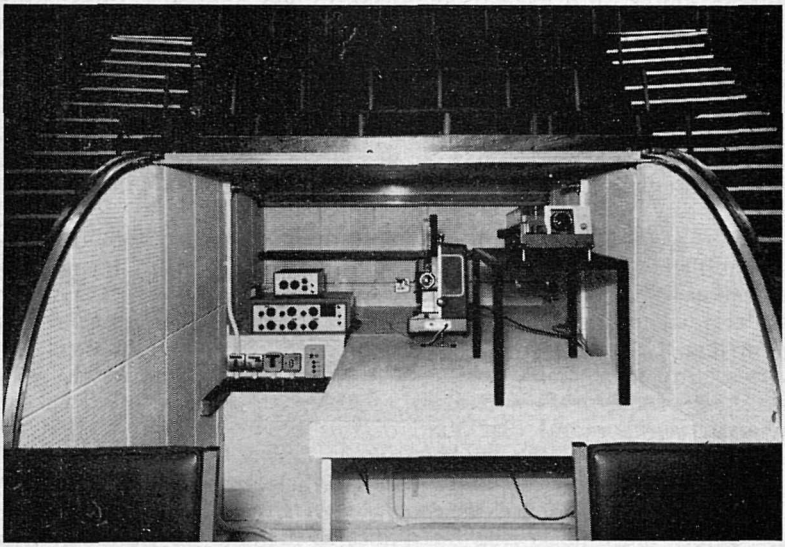
The new Anatomy Theatre.

master switch to all television monitors, which can be "killed" when not in actual use, or switched on again as may be required.

The use of television cameras actually in the theatre has so far entailed bringing in large spotlights, with an unsightly and inconvenient tangle of leads. Two powerful 2,000 watt lamps are now mounted at ceiling height and trained upon the centre of the lecturing floor space. Additional spots and a swing-out mounting for a television camera may be installed later in the projection box to obviate even the need for a camera tripod.

As the photographs show, the projection box occupies the old "well" centred among the front seats; despite its size its obstructs the view of even those sitting alongside it to a surprisingly negligible degree, — in part due to its rounded profile and also to the fact that its floor is "sunk" almost two feet below the general level. It is closed by analuminium roller "blind" and is entered from the front. Older generations of students will recall the magnificent old Zeiss opidiascope sited in the "well", which also accommodated an even more impressive television projection unit on loan for a whole term from the Marconi Company in 1960.

The theatre now has 162 individual seats; but since these form continuous benches, a much larger audience can be "squeezed in" on special occasions. At a small celebration held on 13th November,



The Projection Box

a few of those who use the theatre were able to voice their appreciation to the individuals responsible for the extensive and most welcome improvements carried out in the Anatomy Theatre. I am sure that as others use it, and enjoy its new and highly versatile facilities, they will join me in congratulating all those concerned in this most valuable development of School resources.

NURSING

Nurses' Salaries

In April of this year, nurses received their last salary increase. At the time of the decision, and throughout the subsequent publicity, it was stressed that this award was intended only as an interim measure. The Profession was led to believe that major reconstruction of the salaries was to be discussed. In addition, it was felt that Tutors should cease to be included in the Salmon Structure and that they should have different conditions of service altogether.

It was then made known that the discussions had in fact begun, and afterwards a cloak of silence surrounded these negotiations. Until a few weeks ago, when quite without warning, and with no reference to members of the Profession, an announcement was made to the effect that the negotiations had been curtailed. This in fact, even before the "freeze" had begun.

Most people were taken unaware by this, and are still recovering from the surprise. Presumably, the architects of this decision were relying implicitly on the disturbing apathy of the average nurse in this country for it to pass unnoticed. In fact so great is this apathy, that one sometimes is led to wonder if *rigor mortis* has affected the whole nursing sorority. However, why has this been allowed to occur, and what right have these people to make such a momentous decision without reference to the working body? If this had occurred with miners or railwaymen, the whole country would have found itself in total darkness or without public transport or both. The nurses though, just sit back and allow it to happen with no comment.

The medical profession have just recently, amongst much noise and publicity won their case. They, like nurses, have a strong sense of responsibility, and dislike inconveniencing the general public, particularly when they are sick. However, the somewhat unusual step of raising their voice, had the desired effect. Is it not time that the nurses adopted a similar attitude, in order to state their case? Most members of the profession dislike making a fuss, but it seems that so great is the moral blackmail of this body of workers, that the only way is to raise the voice. As it is, they tolerate a much lower salary scale than many purely because they are as a whole inarticulate.

Surely the time is ripe for nurses to demand an explanation of the actions being taken "in their interest"and if this is not forthcoming or unsatisfactory, to take appropriate action. No nurse would be happy to indulge in strike action and 90 per cent would doubtless refuse to participate in this. There are however, other ways of making one's views felt. Unfortunately though, the original faith in the nurse's apathy will be vindicated. The walls of nurses' homes throughout the land will echo to the sound of nurses grumbling about their lot. To how many will it occur, that in order to get any improvement,

more than muted growls are required? The fact is that nurses will as usual, allow themselves to be trodden upon. Nothing will be done and the salary discussions will re-commence as and when the committee wish, and not at any instigation from those who actually do the work of caring for the sick. It is a sobering, but true fact that only the materialists and militants are able to change the course of government, and that those with a responsible attitude towards society, are the ones who suffer as a result.

CORRESPONDENCE

General Medical Council

SIR,—I'm sorry to have to challenge your Passim again, but I cannot agree with your comment on the G.M.C.

I hope you will have an apportunity of reading the Sir Ronald Tunbridge Joint Working Party interim report, (composed of B.M.A. and G.M.C. representatives). You will note that the Working Party has a different composition to the Brynmore Jones Committee that studies G.M.C. structure. The revised structure has been waiting in the queue of agreed new legislation for some months, and the Medical profession's requests for 51 per cent of Elected Members has been agreed to by the G.M.C. and Government. What proportion of laymen do you require on a new G.M.C.? How will they be selected and how can you avoid a political reshuffle every time the Government changes?

It is all very well to knock the establishment, but what exactly do you see in its place.

You dismiss the G.M.C. role of "arbiter of medical standards" in your first paragraph, but come back to say that "there is an obvious need for a medical body to ensure that proper standards are maintained". This implies far more control in the G.M.C.'s successor — is this what you want?

If you are asking for a larger number of laymen — isn't there now a risk of far greater political control over the standards of the Medical porfession? Is the Medical profession by your implication, not capable of bringing its own standards up to date?

The Retention Fee issue persuaded the G.M.C. to have the first joint discussions with the B.M.A. since its inception. I was a member of that Working Party and was encouraged by the progress that was made. We were involved in joint negotiations with a Statutory body that could only be changed by Act of Parliament. This is still the case.

The H.J.S.G.C. of the B.M.A. and the J.H.D.A. have done a great job as ginger groups, but the G.M.C. has been its own worst enemy by its seeming inability to answer the criticisms that were thrown at it. There clearly needs to be a better Public Relations department, with an expert Editorial staff to make sure that we all know what is going on and why.

The Independent Government Inquiry will now take 3 to 5 years to bring a Report to the stage of a new statute. The Brynmore Jones legislation is likely to be shelved. We go into the E.E.C. next year when all our traditions of medical education; registration and discipline will be re-examined.

Lord Cohen may well be able to persuade the members of the Inquiry Committee that the G.M.C. should stay unchanged — whereas the G.M.C. had accepted the Tunbridge Report.

We shall all have to work hard to make sure that we get a new G.M.C. that has a proper balance between the interests of the Public and the profession. If the B.M.A. line had been supported (and publicised) more strongly, we might have got to the same ideal situation with half the effort, in half the time.

Yours sincerely,

Health Centre
Syston, Leicester

DR. M. G. F. CROWE
Chairman Junior Members Forum.

SIR,—I enjoy receiving the Guy's Hospital Gazette out here in the Solomons but would like to suggest a few ways in which it could be more interesting to those of us who have left the hospital.

More news about the hospital — new people, changes, syllabuses, eminent visitors, medical and surgical innovations etc. Sometimes Passim is rather obscure because one is not aware of the developments to which the writer is alluding. The same might be said sometimes of the nursing notes also.

Would it be possible to repeat the appointments of Guy's men and women — not just as consultants but even in some of the lesser grades? It would help us to keep in touch with people's movements.

For example, there were three Guy's men in the Solomons until quite recently; now there are two of us. Adrian Walker left in July to return to an anaesthetics job at the Royal Cornwall Hospital, Truro. He had spent two years here, partly as a district medical officer on the island of Malaita and the remainder of his time as the anaesthetist at the Central Hospital.

Richard Lee (and his wife, Jane, who is an ex-Guy's Sister) is just returning to the Central Hospital after one year running a small rural hospital on the very remote Santa Cruz group of islands. He will now mainly be doing anaesthetics.

As for myself (Guy's 1961—65) I am in my second year as Physician Specialist to the Medical Department, based on the Central Hospital but touring frequently to the district and rural hospitals.

Could you encourage others of your readers to contribute similar biographical notes from time to time?

Yours sincerely,

F. HIGGS.

Medical Department,
P.O. Box 349
Honiara,
British Solomon Islands.

Thomas Guy Wood

SIR,—Yesterday I visited the Thomas Guy Wood in the Churchill Forest near Nazareth and spent the night in this town. It is the largest Israeli Arab-inhabited town but Christian by faith. The Thomas Guy Wood can easily be seen from Nazareth Hotel, the new town, inhabited by new Jewish settlers and growing fast because of industry. The town where Jesus grew to manhood, is built in tiers along the inside of a vast, natural amphi-theatre. The name "Nazareth" has literal connotations: the Hebrew word for Christians is "Notzrium", and in Arabic Christians are called "Nasara". Every denomination is represented in Nazareth's many churches. I visited the R. C. Basilica of the Annunciation built in 1965 on the site of the Angel Gabriel's apparition to Mary and regarded as the cradle of Chistianity. The small church of St. Joseph is supposed to have been built on the site of the carpenter's work shop. I also visited the Lebanese Masonite Church in the Nabaa quarter. The story of the city is the story of the New Testament. I was joined here by a group of Germans from Hildesheim, who have been to Jerusalem on an exchange visit to promote German-Israel friendship through educational programme. The British Embassy here received from me a signed proof of *Prince Charles of a painting* by Davidson-Houston (one of which went to Mr. Barnes on the occasion of the centenary issue of the *Guy's Gazette*) which now graces the reception hall of the Embassy in Tel-Aviv.

I had an opportunity to spend a day with Prof. Jack Medalie of the Department of Family Medicine at the Tel Hashomer Hospital, who at the moment has several students here over from the United States. The workshop in Family Medicine held in September was a great success with 56 British participants including Dr. V. Kneussberg, Chairman of the Royal College of General Practitioners. Dr. John Fry, an old Guy's man, had also spent a month at this department. It is planned to have the next workshop in London in 1974.

Yours sincerely,

HENRY WINDSLEY.

Nazareth Hotel
Nazareth

Professor Keith Simpson

SIR,—While happily wishing Professor Keith Simpson and his wife every happiness in their retirement, selfishly I will miss them very much indeed. Scores of closer colleagues will have funds of anecdotes about him; in 1968 he came to Edinburgh to support the dental evidence in the case where Gordon Hay was accused (and later convicted) of murdering and biting Linda Peacock — evidence of circumstantial evidence. In the witness room, while most of us were either checking our own facts or nattering to distraction, Keith Simpson was quietly working on his next case.

He had at that time seen seven bite mark cases — easily qualifying for the Guinness Book of Records — and when the Solicitor General re-examined him and referred to Gustafson's profilic work in his book, this published world-wide experience in forensic odontology, Keith Simpson's reply was "My pen may have been incontinent but I certainly, cannot, call myself an expert in forensic odontology, but I have had more than average experience of it, I think." Most I shall remember his clarity, "unflappability", truth, modesty, wisdom, kindness and loyalty (this graphorrhoea must be contagious). It has been a very great honour and privilege and such fun to know Keith Simpson as a colleague and friend. SlaintheVa, Keith!

Yours sincerely,

86, South Beach,
Troon, Ayrshire.

WARREN HARVEY.

All Back's

SIR,—As a result of the letter published in the Gazette during last August, regarding the function of a Guy's Past XV; the response has been so enthusiastic, that a fixture has been arranged with the present Guy's 1st XV at H.O.P. on Sunday, 7th January, 1973.

The Past XV includes a majority of players now still playing first class rugby for English and Welsh clubs.

This fixture coincides with the England—New Zealand game at Twickenham the previous day, and so it is hoped that a large gathering of former Guy's players will make the journey to H.O.P. the forthcoming day. The K.O. is at 2.15 p.m. Yours sincerely, JOHN E. DAVIES.

Winch Lane Medical Centre, Haverfordwest.

Ralph Vaughan Williams

SIR,—I was interested to read Mr. Salmon's remarks in the Gazette of 18th November, 1972.

I would like to explain firstly that I did not actively submit the information for publication; indeed a young lady from the Gazette telephoned me at my home having heard a rumour that Vaughan Williams had been to Guy's and that I was one of those present at the meeting. I was able to confirm this and told her that Mr (certainly not Doctor) Layton had introduced him as his batman from the first World War.

Mr. Salmon's research proves me wrong in so far as he had been an orderly and not a batman at that time. They are both, however, not too dissimilar, both being private soldiers doing menial tasks.

I think, however the important thing was that "Tubby" Layton, that great character who had a wonderful sense of fun, with his great sense of theatre and stentorian voice introduced the Grand Old Man Vaughan Williams to the Gramophone Record Society at Guy's. It was an informal gathering and I was not alone in the physiology theatre listening and watching; there were scores of others present. I feel sure that amongst the Gazette readers there will be others who were present on that occasion; which was I think either in 1947 or early 48.

I am pleased to see Professor Warwick suggests the possibility of the Gramophone Record Society being resurrected into his Anatomy Theatre and I hope it will come to fruition. It gave us a great deal of pleasure.

Yours sincerely,

Old Brokfields
Heronway, Hutton Mount,
Brentwood, Essex.

J. FINE.

This correspondence is now closed. — *Ed.*

SPORT

RUGBY

GUY'S v. MOUNTAIN ASH

Mountain Ash, 25th November.

Lost 7-3

On a pitch still layered with frost Guys managed to lose again by a small margin.

The hospital piled into the first few rucks with fierce determination and Mountain Ash were clearly pushed out of stride. For the opening twenty minutes Guy's had a monopoly of possession, but try as they would scores were denied them. Mountain Ash tackled well and were quick to pounce on any ill controlled ball behind the scrums. Consequently the Guys backs found it difficult to set up cohesive movements and all too often an attack foundered in mid-field. Unable to break through, Guy's kicked away possession needlessly. In the first half Portelly crossed the line but lost control of the ball in touching down. Two attempts at drop goal narrowly missed and while Guy's were still well on top, Danford opened the score with a penalty.

The Guy's forwards lost some of their initial fire as the game progressed but they still achieved sufficient possession to make possible a victory. Further scores, however, were not forthcoming and Mountain Ash equalised with a penalty goal before half time.

After the break Guy's were on the defensive for several minutes. A clearing kick floated behind the Guy's line and a conveniently placed opponent merely had to fall on the ball to produce the only try of the game.

As the second half progressed Guy's once again exerted their superioriy in forward play with Rigg and Stuart performing particularly well in the line-over. The backs however, still persisted in kicking and the predictability of much of their play gave the Mountain Ash defence a relatively easy time.

The lack of inventiveness prevented the side from displaying individual talents at their best and more important deprived Guy's of a victory that was always well within grasp. T. G.

Team:— T. Want, T. Gibson, G. Evans, D. Stuart, K. Rigg, H. Holliday, N. Allen, B. Hagan, M. Phillips, G. Owen, A. Cook, T. Druett, A. Portelly, R. Yetton, M. Danford.

WATER POLO

GUY'S I vs. MARY'S II

Result lost 3—5

Eager to avenge their previous defeat by Mary's, the Guys team immediately attacked. and on losing possession, found themselves without adequate cover in defence and Mary's did not miss the chance. Guys soon equalised with a fine attacking movement only to lose the lead when the defence found itself again in a state of considerable disarray. Mary's gave away a penalty just before the end of the quarter and A. Smith made sure of an even end to the quarter. The second and third quarters were evenly matched, each team scoring, and the standard of polo improved considerably with Guys producing several fine attacking moves, being thwarted by the excellence of the Mary's goalkeeper. Mary's were two men up at the beginning of the fourth quarter, after indiscretions by two Guy's players, and Mary's did not take long to score. Guy's then showed great fighting spirit, pressurising the Mary's goal and coming close to scoring several times but Mary's scored a final goal after an all out attack by Guy's on their goal.

A satisfactory performance, after an unco-ordinated start, in which Guy's showed much spirit and determination, and a game in which the result could easily have been reversed.

Team: E. Gavin, G. Auckland, T. Sands, C. Bevis, J. Clarke, A. Smith.

BOAT CLUB

UNITED HOSPITALS REGATTA

Nine events available, seven entered, semi finals in one, finals in six and eventual winners in four. This is a catalogue of success and such was the spirit and skill of every competitor that it is worthwhile reporting each crew alone.

Novice IV: This crew, coached and coxed by Mike Browne started well by soundly beating a strong Vets crew. An unfortunate crab as they were overtaking the London in the semi finals cost them the race and possible victory.

Novice Sculler: Dave Wright, a freshman, breathed a new life into Guy's sculling by winning for us the novice sculls for only the second time in the history of the competition.

Junior VIII: A competent first race by this essentially scratch crew proved the worth of many of the junior oarsmen in the club beating St. Thomas's Hospital. An unfortunate start in the final against Middlesex was rectified by a sufficiently appealing cox.

Bow: P. Read; 2: M. Howes; 3: D. Beardsley; 4: G. Vevers; 5: C. Price; 6: N. Ismail; 7: N. Drane; Str. J. Burgess. Cox. F. Moorhouse.

Junior IV: Bart's were easily disposed of but the final was a more pressing race and was eventually lost.

Bow: C. Price; 2: J. Burgess; 3: N. Drane; Str. D. Wright; Cox.: F. Moorhouse.

Open IV: A fast start brought an early lead for the crew against strong opposition from St. Mary's, but due to a collision in the final the race was lost to the London Hospital who despite being offered a rerow in the Winter VIII's regatta the previous week were sufficiently unsporting to take this trophy by mishap.

Bow: M. Gleeson; 2: R. Pinckney; 3: P. Stuart-Bennett; Str. A. Chivers.

Open Pairs: Guy's 'A' crew (stern pair of the open IV) disposed of opposition from both Bart's and the London in their passage to the final. The bow section of the IV rowed so strongly in their preliminary heat that the opposition had disappeared before a stroke was taken. The final is to be decided amicably.

Double Sculls: P. Stuart-Bennett and D. Wright proved a demon pair with two oars apiece and scuttled opposition from both Bart's and the London to win the final in the dark. Unfortunately no one saw the crews actually cross the line, but they got the pots anyway.

HEAD OF THE RIVER IV'S.

Two crews were entered for this race. the crews being chosen from a squad of nine. Initially both crews were intended to compete as coxless but due to training requirements both recognised steersmen ended up in the same boat and the second crew rowed coxed restricted. This change took effect at the last minute and consequently the coxed IV started 45th in the middle of the coxless best IV's.

The first crew started eleventh and finished fourteenth in their division. This gave them an overall finishing place of 23rd from a total of 212 crews competing. The very creditable performance reflects well the hard training both on land and water that these oarsmen undertook. Unfortunately, a clash with two crews that refused to give way robbed them of several valuable seconds and resulted in the unhappy position of another hospital beating Guy's by one second.

The second crew was, however, rather more gentlemanly about the whole thing spending many happy minutes watching the race as it passed. The final result was an excellent 200th.

1st. IV Bow: D. Wright; 2: R. Pinckney; 3: M. Gleeson; Str. A. Chivers.

2nd. IV Bow: C. Price; 2: N. Ismail; 3: N. Drane; Str. J. Miller; Cox.: F. Moorhouse.

UNITED HOSPITALS WINTER EIGHTS

Little can be said of this regatta bar the fact that the crews were ill prepared to race in VIII's and came up against strong opposition in the first round. The Junior VIII lost to Imperial (the eventual winners) in the first round and the Senior VIII froze to their seats whilst waiting for their opposition from another hospital to replace a rudder they unfortunately lost whilst being overhauled under Chiswick Bridge.

1st. VIII Bow: C. Price; 2: M. Gleeson; 3: D. Wright; 4: J. Miller; 5: R. Pinkney; 6: J. Burgess; 7: P. Stuart-Bennett; Str.: A. Chivers; Cox. F. Moorhouse.

2nd. VIII Bow: C. Pugh; 2: M. Thomas; 3: P. Read; 4: G. Vevers; 5: D. Beardsley; 6: M. Howes; 7: N. Drane; Str. N. Ismail; Cox. F. Moorhouse.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to the Thoracic Surgical Unit at Guy's Hospital, commencing 1st March 1973 for a period of six months. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than 29th December, 1972.

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Dermatology for the six month period beginning 1st March, 1973 Applications naming two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than 29th December, 1972.

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Resident Paediatric House Physician** (Post-registration) at the Evelina Children's Hospital for a period of six months commencing 1st April, 1973. This post is recognised for the D.C.H. and consists of four months medicine and two months surgery. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than 29th December, 1972.

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Resident Senior House Officer** in the Department of Psychological Medicine commencing 1st March, 1973 for a period of six months Applications together with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than 29th December, 1972.

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for two posts of **Resident Senior House Officer** in Anaesthetics for the six month period beginning 1st March, 1973. Applications naming two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than 29th December, 1972.

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for two posts of **Senior House Officer** (Medical) to the Renal and Transplant Units to commence 1st March, 1973 for a period of six months. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than 29th December, 1972.

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Senior House Officer** (Resident) in the Deparement of Psychological Medicine at St. Olave's Hospital of the Guy's Board of Governors commencing 1st March, 1973 for a period of six months. Applications together with the names of two referees or two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT not later than 29th December 1972.

GUY'S HOSPITAL BOARD OF
GOVERNORS

Applications are invited for the appointment of Casualty Officer (Senior House Officer Grade) at Guy's Hospital for the six months period commencing 1st March 1973. Detailed applications together with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT not later than 29th December 1972.

GUY'S HOSPITAL BOARD OF
GOVERNORS

Applications are invited for the post of **Senior House Officer** in Pathology at St. Olave's and New Cross Hospital Laboratories, with duties to commence as soon as possible, for a period of six months in the first instance. Post-registered for Diploma in Pathology, good training facilities. Resident or non-resident. Applications with the names of two referees or copies of two recent testimonials should reach the Superintendent, Guy's Hospital, SE1 9RT not later than 29th December 1972.

PASS LIST

THE SOCIETY OF RADIOGRAPHERS
DIPLOMA EXAMINATIONS
October 1972

D.S.R. Part 1.

Miss Gitaben Desai
Miss Jane Duffield
Miss Francisca Emeni
Miss Wendy Harris
Miss Joan McDonald
Miss Shona Moulder
Miss Barbara Parry
Miss Lynn Skivington
Miss Lesley Smith
Miss Judith Tipp'e
Miss Elizabeth Trewhitt
Miss Shirley Waters

D.S.R. (T)

Miss Christine Ball
Mrs. Chan Choo Lim (née Mah).
Miss Annette Rossetti
Miss Sara Weekes

D.S.R. (R).

Miss Esma Adam
Miss Elizabeth Alliston
Miss Linda Coleman
Miss Pauline Cullen
Miss Marion Griffiths
Miss Jane Micklefield
Miss Gwenneth Montgomery
Miss Gay Phibbs

ROYAL COLLEGE OF GENERAL PRACTICE

M.R.C.G.P.

Dr. M. G. F. Crowe

CHANGES OF ADDRESS

Dr and Mrs. W. L. Ogle, "Westways", Church Hill, Totland. Isle of Wight.

Frank and Wendy Schweitzer, "Greys", 33 Trodds Lane, Merrow, Guildford, Surrey. Tel: 0483 4003.

DEATH

KING-TURNER: On 7th November at his home in Esher, Dr. G. E. King-Turner, H.D.D., L.D.S., R.C.S., L.M.S.S.A.

PERSONAL

POSITION VACANT—Bulli District Hospital. P.O. Box 21, Bulli, N.S.W. Australia. Vacancy for Resident Medical Officer (up to and including third year) initially a period of six months, subject to re-appointment. Commencing date as soon as possible after 1st January, 1973. Accommodation is available for either a single or married applicant. Conditions of employment are in accordance with the Public Hospitals N.S.W. (Resident Medical Officers Award) Salary range £3,100/£3,600 ($6,200A/$7,200A) according to years of service. Additional emoluments for night and week-end duty. Applications, in duplicate, accompanied by three current references should be forwarded to the undersigned before 15th December, 1972. P.O. Box 21. Bulli, N.S.W. 2516. Tel: Wollongong 84-4344.

STREATHAM, S.W. 16: Dental Associate/Assistant required in mainly N.H.S. practice. Pleasant surgery with up-to-date equipment. Hours 9 to 5. 5 day week. Usual chairside assistance and clinical freedom. Tel: 764 4340.

TAX-EFFECTIVE: Pensions, Life Assurance Planning, House Purchase, Investment. John Bradford (Life and Pensions Services) Ltd., 32, Kings Avenue, Redhill, RH1 6QH. Tel: Redhill 65608. (Code from London 91).

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notices 5p per word (pre-paid) (minimum £1.05).

Non-subscribers will pay £1.05 (pre-paid) for all notices other than Death.

AND NOW FOR SOMETHING EXACTLY THE SAME

Ding-a-ling, Merrily on High !

Michael A. Simpson

New Readers Begin Here: At the end of last week's gripping instalment, we left Sister Di Flood in the Intensive Care Ward, battling with a Giant Hairy Mole; while handsome Junior Doctor Miles Merely-Passing cannot understand why he can only get BBC-2 on the ECG-monitor. Two members of The Board of Governors, General Isolated Showers, M.P. (Labour: Forceps and East Cheam) and Sir Hardly Coherent, M.P. (Conservative: Management and Bedrest) are investigating reports of a new breed of mutants from the basement of the Department of Nuclear Medicine. 250 nurses have gone off sick, on hearing rumours of a new Flu epidemic; 4 House Physicians have gone off, due to the central heating. Visiting German lecturer, Herr Skirt, on Immunoelectrophoresis and Invisible Mending, has disappeared *en route* to the Physiology Theatre, leaving a mysterious note (widely believed to be F sharp). In the Counting House, Bunty Fitz-Tightly (a very uninhabited young woman) was counting out the money, while Mrs. Lobster was scaling the South-West face of the Superintendent, and dreaming of higher things in the Students' Club. The ladies Common Room, strong-hold of Female Chauvinism, was faced with an all male sit-in. In the Spit, plans are hatched to achieve lower prices by recycling the previous day's newspapers from the reading-room. New items on the Menu in recent weeks have included Fried Sun and Bacon, Toad-in-the-Times, and Grilled Guardian and Pineapple. Guy's Front lodge porters have increased their vigilance, and Lord Robens was shot while entering the Forecourt without showing his parking permit. The Nurses' Home is buzzing with rumours that Sister Freidegg on Matthew Ward, is really Martin Boremann in disguise. Casualty is buzzing with rumours that Male Nurse Prunestrangler is not Martin Bormann in disguise. Deep within the East Wing, an author was struck with a brillant new plot for next year's Residents' Play—it will be about Goodies and Baddies trying to take control of the Hospital. A Nurse was found asphyxiated in 'Medical One' examination room in Casualty, overcome by the fumes of Irish Feet that have become endemic there; it is planned to convert the room into yet another Staff rest room, to prevent recurrences of patient-care. A ward-receptionist who phoned the sisters' dining room after 2.30 and called "Come in, number 7, your time's up" was reprimanded.

Miss Helen Highwater, of the Patients' Association announced that not only must all patients be guaranteed a single room with private bath, but that it was no longer fair, in this day and age, to expect them to be ill twenty-four hours a day, seven days a week — some sort of rota system would have to be worked out. She also emphasised that the patient's right to privacy was so important that no patient should ever be attended by more than one doctor at a time, and gynaecologists should wear dark glasses.

Mrs. Mary Whitewash protested that the carol "O Come, O Come" had been included in the Guy's Carol Service, although it was an obvious invitation to licentious fornication and lewdness. Four carol-singers complained that while watching the television news they had been subjected, without warning, to a full frontal exposure of Mrs. Whitewash's opinions, which had deeply upset their children, and had had a very odd effect on the parakeet.

Meanwhile, back at the Ranch, the Editor of the Gazette was hunting material.

For our old readers: This correspondence is now closed—*Ed.*

Christmas Extravaganza

WHO SAID IT?

The general knowledge quiz with a deference.

Which famous people said:

(1) Father, I cannot tell a lie.

(2) You never had it so good.

(3) Never before in the field of human conflict has so much been owed by so many to so few.

(4) Kilroy was here.

(5) Give me a straight handpiece and a large round burr.

(6) To be or not to be, that is the question.

(7) Has anyone seen my briefcase?

(8) Once more into the breech, dear friends.

(9) Mumble, mumble, mumble ..... if you want to know anymore, see my secretary.

(10) Now is the time for all good men to come to the aid of the party.

(11) Christopher Robin went down with Alice.

(12) Who writes this rubbish anyway?

Answers:

(1) The Rt. Hon. Edward Heath.
(2) The actress to the bishop.
(3) The Chancellor of the Exchequer.
(4) Dr. C**in H**t*r-C*a*g.
(5) Mr. P. A*l*ng.
(6) Professor T**un**.
(7) Dr. G**r*e Sc**t.
(8) A consultant gynaecologist.
(9) Professor N*i*l.
(10) The Rt. Hon. Enoch Powell.
(11) Father Christmas.
(12) The "Gazette" Editor.

CHRISTMAS GIFT CORNER

Gifts for all the family.

POCKET CHOLEDOCHODUODENOSTOMY KIT. Comes complete with full set of instructions. IV infusion equipment an optional extra. Please state collar size, inside leg and alternative colour. £2.50 from all good greengrocers.

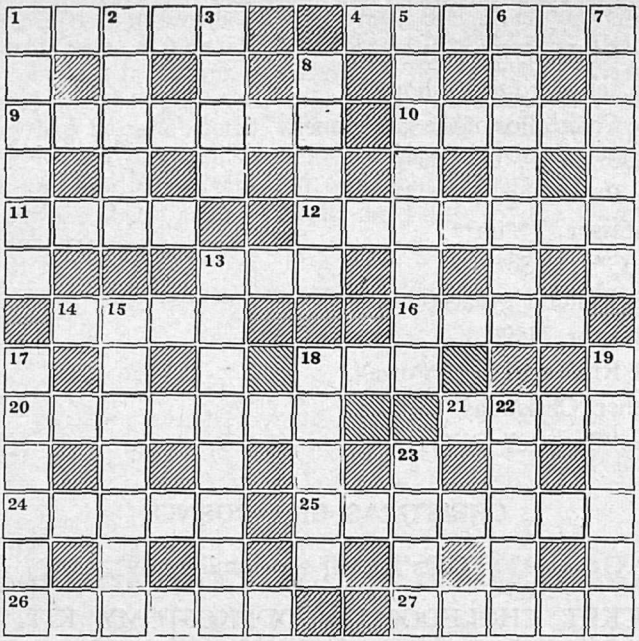
COMPLETE MAP OF THE LONDON SEWERS (circa 1760) See the old Roman gutters in all their splendour. Imagine the smell of Roman sewage still rotting. See where the Queen's bathwater goes. A bargain at 55p(£3.45 p & p).

Keep the children amused for hours with the HACK AND PACKER AMPUTATION KIT. Hours of fun with grandad's geraniums and grandma's tibiae. Special offer — send your orders on the back of a blank cheque to the Orthopaedic Dept.

Rave Boutiques present the "hot" sensation from Paris — new PERSONALISED UNDERPANTS. We put your name where you want it. Get killed in the street and they'll know what to put on your grave. 26p plus £7.75 laundry charge (for hygienic purposes). Laundry tickets available from the Medical School Office.

Stumped for a present? Run out of ideas for Christmas? Do not despair — we have the perfect answer. For the girl who has everything, AMPICILLIN TABLETS 500mg. orally four times a day.

Frozen pipes? Burst water mains? This Christmas, avoid all the trouble and give mother a stock of ROWNBURY'S INSTANT WATER POWDER in the special, seasonal jar. So simple to use — just add water to taste and stand for five minutes.



ACROSS

1. Oil platform or it gives you the shakes (5)
4. Rendezvous for those with the womb instinct? (6)
9. Vessel containing mental driving force of a chopped vegetable, say? (7)
10. After a short operation, develop a twitch: a nervous one (5)
11. Reply to a question, about a cervical nerve? (4)
12. Including two variants of a pelvic organ (7)
13. Rescued by a stitch in time? On the contrary (3)
14. The drug of choice to nobble a mare, say? (4)
16. Pieces of intestine laid out in vile array (4)
18. Specific inductive capacity to sound ill (3)
20. Lone pot on the anaesthetic trolley (7)
21. Point to transport for the outcome of 13 across without treatment (4)
24. Decoration inside station opening (5)
25. Why leave your name carelessly to describe such a lesion? (7)
26. Outside the medical profession they refuse to stand up for their rights (6)
27. Leading features? (5)

DOWN

1. Type of thermometer that must be kept in correct alignment (6)
2. Embryonic bacteria? (5)
3. Dermal ridges first seen in discrete groups (4)
5. Account to the Norse deity in charge of the chest (8)
6. Sounds like a vile fever contracted from a deserter (3-4)
7. An opinion guaranteed to agree with your proposal (6)
8. Singular 22 down: thought badly of in the village (5)
13. Indian class includes the animal, although it is infertile (8)
15. The study of hearsay, perhaps (7)
17. Nerves seldom containing an artery or vein (6)
18. A supporter of alcohol? (5)
19. Are many sheets required to decipher their significance? (6)
22. A number of auction items makes the blood curdle (5)
23. Container noted before to burst into flames of some degree (4)

Solution available when Editor has worked it out.

THE 77th CHRISTMAS SHOW

or The Foresight Saga

by R. U. Listening

The Christmas show this year was performed in the Hunt's House luggage lift to the largest audience in living memory, both of whom were rewarded by a splendid extravaganza. Rumours that the play was conceived and executed by Kennth Tieman were scotched (sic) in the President's Bar last night.

The plot revolves around a delicate intrigue involving the dastardly mad Prof. Spountz, aged pharmacological fiend, who is trying to embezzle the Prudents' Union funds, aided and abetted by the famous Karley Street and Heat's House grocer, Dr. Gorge Grott. The villains of the plot find they have bitten off more than they can chew when, having entered the East Ring disguised as the banjoes in the Graham Pomfret Jazz Band, they find themselves face to face with their arch-enemy, the faithful custodian of Prudents' rights, Damion Groans.

Groans gives a polished performance as the guardian of the goodies and his fight against the capitalist oppression is supported in the Prudent Council by Rudolph Board and Seamus O'Flyrt. As the subtle plot unwinds, we come to a fight to the death between Groans, and Spountz and Grott which is about to reach a gory climax when the day is saved by the brave Dean, Dr. Eustace (ably portrayed by William Rushton) who proposes a final compromise — if Groans abandons his plan to fly the hammer and sickle over the East Ring, Spountz will return to injecting rats with coloured water and Grott will continue his vain search for the lost brief-case.

Groans finally agrees to their demands and closes the play by proposing to a nubile physiotherapist who gladly accepts, and the two are joined in matrimony by Mr. Jolliss, the jack-of-all-trades medical assistant, making one of his rare sorties out of Pentonville.

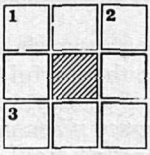
The National Academy of the Arts was not available for comment on the rumour that an Oscar nomination had been submitted for the part of Groans, played by the deputy pharmacist's assistant's messenger boy. As far as the audience were concerned, no award was great enough and such was their enthusiasm that their applause lingered on long after the expected five seconds.

THE DIFFICULT CROSSWORD

For consultants and very, very senior registrars only.

ACROSS

1. Arb·a n a g r a m (this week's hard clue)
3. Consultants track to one across



DOWN

1. Sequel to 1 across.
2. Alcoholics track to 1 across

YET MORE NEWS

Billet Doux

In Victoria Ward, a sheepish woman has given birth to twin goats. She is reported to have said, "That makes my mum a nanny, then."

"His Cup Runneth Over"

The winner of the "Spot-a-Registrar" competition is Prof. E. Laxis who spotted a registrar at 3.20 p.m. in the Conservation Room last Friday. Our sympathy to the runner-up who was confused by a houseman who inadvertently buttoned up his white coat.

Food for Thought

Following accusations that the Spit food is not living up to expectorations, the Catering Committee have resolved to provide an increased number of alternatives for the students using the East Wing facilities. Students can now either like it or lump it, whereas previously they could only lump it.

Plane Thinking

The Geometric Committee have resolved to take a new angle over "sine ups" to stop Consultants flying off at a tangent. Their new, working hypoteneuse for the scalene of abilities will be run on a parallel line to the old system, but, instead of going round in circles, it is hoped to encompass all aspects in this sphere and give the students a square deal. Could Euclid have come to a better solution?

THE CLINICAL LECTURE

He spoke in terms I did not know,
Of structures that he did not show,
That passed from depths I'd not explored
To places previously ignored.

He talked of nerves that did arise
From parts quite hidden from my eyes;
They trace a course I did not care
To parts I never knew were there —

Such words I trust one seldom hears
Within a lady student's ears.
And when the class had staggered out
Too dazed to speak (and too devout)

I lingered on the words I knew,
I counted up the fearful few,
And found, alas, they were the same
That I possessed when in I came
(From *"Gazette"* Vol.LXI, p358 (1647).

HOSPITAL INFORMATION

FOR SALE:— Two brown dachshunds. Excellent condition. House-trained. Require lots of exercise.

A very pleasant residence for an up-and-coming (?) registrar. Close proximity to Guy's. Superb view of Chilterns and South Downs. Cost astronomical. Reasonable rent. No dachshunds, please.

One bowler hat. Well-worn but still serviceable.

Genuine first edition of Houston, Joiner and Trounce. Autographed by the authors. One owner. Any offers?

A set of almost new Anatomy Lecture Theatre seats. Hardly used. *Guaranteed soporific effect.*

Almost new, white BMC 1300, reg. JWM 1936. Low mileage. Modified bodywork.

WANTED:— A second-hand stethoscope for a doctor with stainless steel earpieces.

PERSONAL:— Come back, Mr. Barnard, all is forgiven.

Piles injected, colons irrigated, eyes syringed out. Contact the Works Dept., any time after midnight.

GAZETTE CHRISTMAS AWARDS

Greatest non-event of the year —	The Christmas Show
Best-kept golf clubs of the year —	Dr. Maclean
Best-dressed man of the year —	Patrick Moore
Best-kept secret of the year —	The Tower Block
Dachshunds of the year —	Mr. Wheeler
Miniskirt of the year —	Miss Retzell
Best triple act of the year —	Houston, Joiner and Trounce
Fastest 100 yards sprint of the year —	Mr. Bompas
Best book of the year —	Lecture Notes on a Female Eunuch (by Prof. H*sl*w**d)

A satisfactory standard was reached in all the events by Dr. C***n H**t*r-C*a*g.

FIBREOPTIC HOROSCOPES

by W. R. Kahn

Capricorn (Dec 21 — Jan 19) If you see a harassed man in a white coat standing in the Colonnade, don't just stand there, cut it off.

Aquarius (Jan 20 — Feb 18) Before you go to the toilet remember your doctor said you weren't allowed to lift heavy weights this month.

Pisces (Feb 19 — Mar 20) If you are a three-foot dwarf living in Bermondsey, beware; the Met. Office forecast four foot snowdrifts.

Aries (Mar 21 — Apr 20) You could form a mutually-profitable relationship with Virgo this month.

Taurus (Apr 21 — May 20) Don't listen to any bull this month; you really can catch it from lavatory seats

Gemini (May 21 — Jun 20) Mars is in conjunction with Uranus this month, so wear a wide-brimmed hat when feeding the pigeons.

Cancer (Jun 21 — Jul 21) Now is the ideal time to give up smoking and broaden the circle of your friends.

Leo (Jul 22 — Aug 21) Do not cycle in front of the 21 bus in Borough High Street because their brakes have faulty shoes.

Virgo (Aug 20 — Sept 21) Wear white this month and beware of Arians with that look in their eye. Unlucky colour, black.

Libra (Sept 22 — Oct 22) You will meet a tall, dark, handsome stranger this month, wearing your unlucky colour, white.

Scorpio (Oct 23 — Nov 21) Beware when cleaning out your parrot's cage, because fellers as well as birds can get ornithosis.

Sagittarius (Nov 22 — Dec 20) You may have an arrow escape crossing St. Thomas's St. that will set you all a-quiver, but you will reach your target unharmed.

TAPE-RECORDINGS OF THE "GAZETTE" STAFF'S RENDITION OF "WE WISH YOU A MERRY CHRISTMAS" ARE AVAILABLE AT PROHIBITIVE COST FROM YOUR LOCAL POLICE STATION.

NO, BUT SERIOUSLY, FOLKS — WE REALLY DO WISH YOU ALL A VERY MERRY CHRISTMAS.